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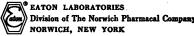
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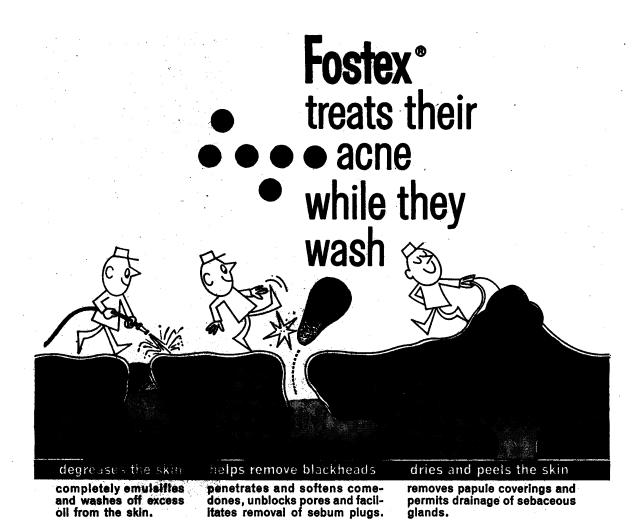
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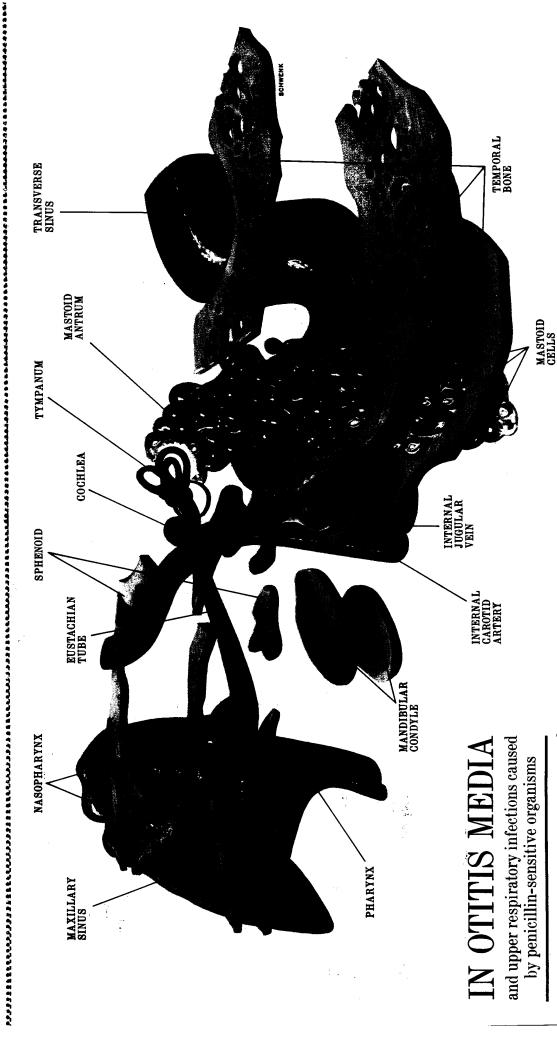
Donnazyme

This old gentleman is fictitious but his problem is not. In fact, the label he aptly tags his symptoms with might even suit one or two of your patients. If they are tense or mildly anxious, and you find a functional or ill-defined gastrointestinal spasm and an inadequate supply of digestive enzymes, that is "nervous indigestion." For these conditions, Donnazyme offers specific medication which relieves GI spasm, calms the emotions, and supplements deficient digestive enzymes. Two tablets t.i.d. (after meals), or as needed.

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This diagram represents the lateral aspect of the left middle ear and related structures. The bony landmarks are shown in serial sections.

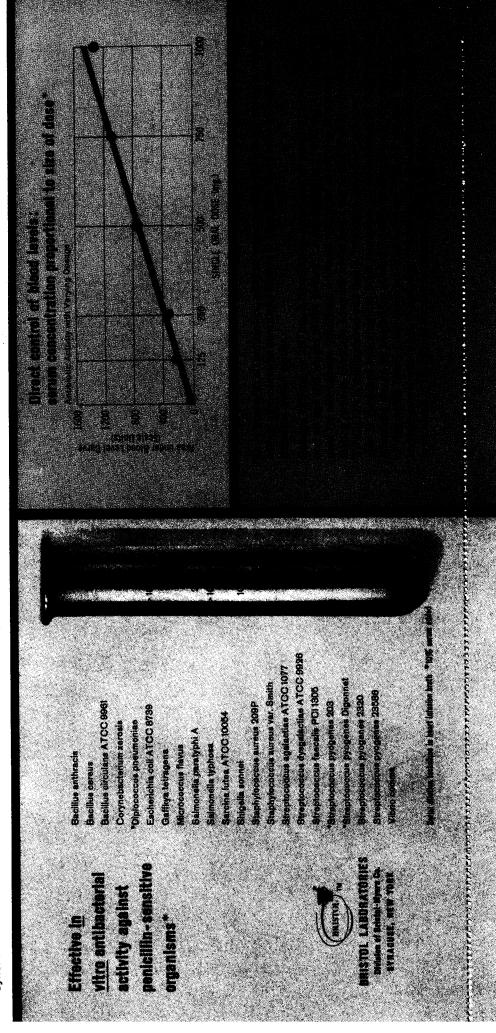
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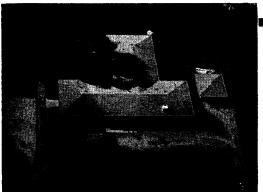
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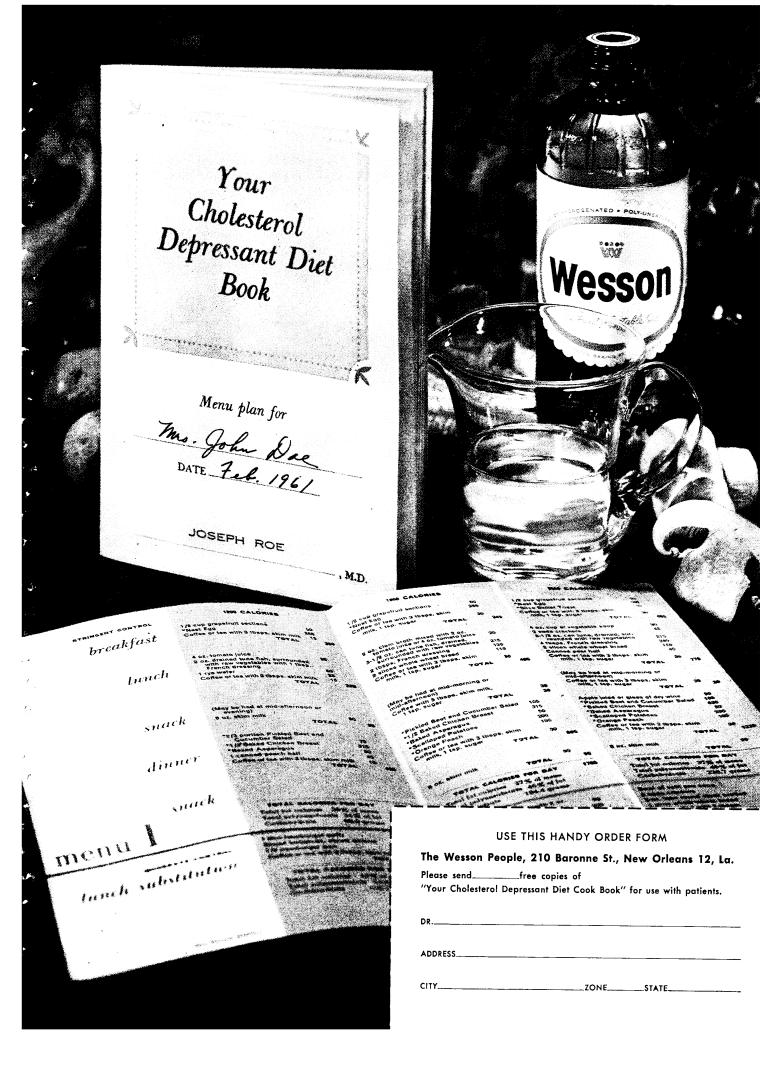
Adaptable for use with diabetics. Carbohydrates have been calculated to fall within the acceptable range for patients to whom a diet planned for diabetes is important. Calories, which must be supplied from fat when the carbohydrate intake is limited, are provided by desirable poly-unsaturated vegetable oil.

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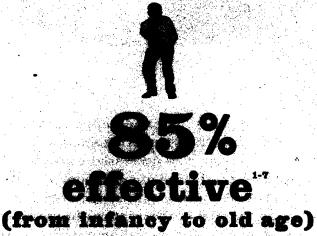




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REFERENCES: 1. Lorber, S. H., and Shay, H.: Gastroenterology 28:274, 1955. 2. Hock, C. W.: J. M. A. Georgia 40:22, 1951. 3. Chamberlin, D. T.: Gastroenterology 17:224, 1955. 4. Steves, M. F.: Ohio State M. J. 48:615, 1952. 5. Derome, L.: Canad. M. A. J. 49:532, 1953. 6. Pakula, S. F.: Postgrad. Med. 11:123, 1952. 7. Guerrero, R. M., Cancio, R., and Songeo, R.: Phil. J. Pediat. 8:30, 1953. 8. Hock, C. W.: J. M. A. Georgia 43:124, 1954. 9. Hufford, A. R.: Am. J. Digest. Dia. 19:257, 1952. 16. Brewn, D. W., and Guilbert, G. D.: Am. J. Ophth. 56:1735, 1953. 11. Cholst. M., Goodstein, S., Berens, C., and Cinotti, A.: J.A.M.A. 185:1276, 1968. 12. Brown, B. B., Thompson, C. R., Klahm, G. R.; and Werner, H. W.: J. Am. Pharat. A. (Sc. Edit.) 59:305, 1950. 15. Hufford, A. R.: J. Michigan M. Soc. 49:1308, 1950. 14. McHardy, G. G., Browne, D. C., Marek, F. H., McHardy, R., and Ward, S.: J.A.M.A. 147:1620, 1951. 15. Esses, E., Magee, D. F., and Ivy, A. C.: Gastroenterology 51:574, 1952. 16. Northrup, D. W., Stickney, J. C., and Van Liere, E. J.: Am. J. Physiol. 171:513, 1952.

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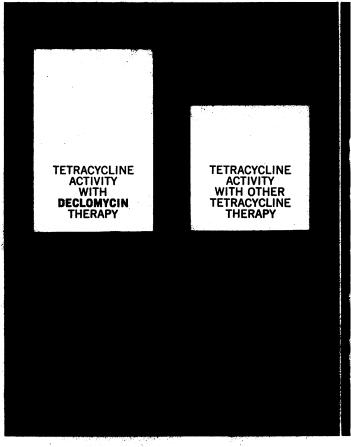
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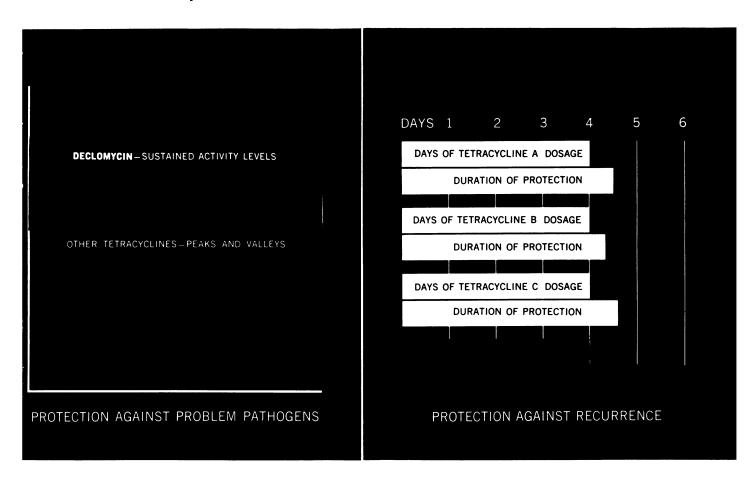


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CHYMORAL

CHYMORAL

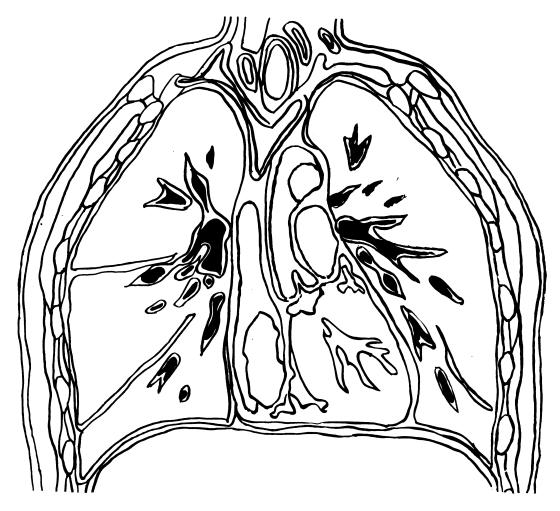
Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates: helps to liquefy thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis; in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction standard therapies; in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammec tomies, phlebitis and thrombophlebitis; in genitourinary dis-orders as epididymitis, orchitis and prostatitis; in dental and oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICA-TIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is tw tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED: Bottles of 48 tablets.



ORAL systemic antiinflammatory enzyme tablet



effective control of pathogens...with an unsurpassed record of safety and tolerance



BRISTOL LABORATORIES, SYRACUSE, NEW YORK BRISTOL Div. of Bristol-Myers Co.



SUPPLY: TETREX Capsules - tetracycline phosphate complex - each equivalent to 250 mg. tetracycline HCI activity. Bottles of 16 and 100.

TETREX Syrup - tetracycline (ammonium polyphosphate buffered) syrup - equivalent to 125 mg. tetracycline HCI activity per 5 ml. teaspoonful. Bottles of 2 fl. oz. and 1 pint.





Geriactive with Gerilets®

Leisuretime, of course, needn't mean a hyperabundance of activity. However, whatever the interests of your geriatric patient, you'll naturally do everything you can to help make his existence more meaningful.

And, in prescribing Filmtab Gerilets, you're giving the older patient the kind of dietary and therapeutic support which often may contribute to a more productive life.

In checking into Gerilets' comprehensive

®FILMTAB-FILM-SEALED TABLETS, ABBOTT; U. S. PAT. NO. 2,881,085.

formula, you'd find these components featured:

B-Complex and Oil-Soluble Vitamins . . . Hematopoietic Factors . . . Lipotropic Factors ... Hormones ... Anti-Depressant and Capillary Stability Factors.

An added advantage, appreciated in particular by the finicky patient, is Gerilets' exclusive Filmtab coating. Makes for a streamlined tablet. Also makes it that much easier to stay "Geriactive with Gerilets."

STREAMLINED INTO THE SMALLEST TABLET 🗪 OF ITS KIND



®GERILETS-GERIATRIC SUPPORTIVE FORMULA, ABBOTT.

Sleep is sorcery...enchanted healer of care. And non-barbiturate Placidyl is the wand that subtly summons it. Placidyl casts a spell both prompt and effective...then lifts it, without hangover, on a refreshed new morning. No magic required to grant slumber to the restive. Just...sssh!...Placidyl.





Placidyl® nudges your patient to sleep



How new **Dianabol** rebuilt muscle tissue in this underweight, convalescent patient

Patient was weak and emaciated before Dianabol. R. C., age 51, weighed 160 pounds following surgery to close a perforated duodenal ulcer. His convalescence was slow and stormy, complicated by pneumonia of both lower lobes. Weak and washed out, he was considered a poor risk for further necessary surgery (cholecystectomy). Because a conventional low-fat diet and multiple-vitamin therapy failed to build up R. C. sufficiently, his physician prescribed Dianabol.

Patient regains strength on Dianabol. In just two weeks R. C.'s appetite increased substantially; he had gained 9½ pounds of lean weight. His muscle tone was improved, he felt much stronger. After 4 weeks, he weighed 176 pounds. Biceps measurement increased from 10" to 11½". For the first time since onset of postoperative pneumonia, his chest was clear. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than he has in the past 2 years."



Dianabol: new, low-cost anabolic agent

By promoting protein anabolism, Dianabol builds lean tissue and restores vigor in underweight, debilitated, and dispirited patients. In patients with osteoporosis Dianabol often relieves pain and increases mobility.

As an anabolic agent, Dianabol has been proved 10 times as effective as methyltestosterone. Yet it has far less androgenicity than testosterone propionate, methyltestosterone, or norethandrolone.

Because it is an oral preparation, Dianabol spares patients the inconvenience and discomfort of parenteral drugs.

And because Dianabol is low in cost, it is particularly suitable for the aged or chronically ill patient who may require long-term anabolic therapy.

Supplied: Tablets, 5 mg. (pink, scored); bottles of 100.

Complete information on request.

Dianabol*

(methandrostenolone CIBA)
Dianabol is contraindicated in prostatic carolnoma
Converts protein to
working weight in wasting
or debilitated patients

2/2829HB





in female climacteric 12.34

When there are vitamin deficiencies, patients with chronic diseases deserve the nutritional support provided by

Theragran-M

11 vitamins, 8 minerals clinically-formulated and potency protected to provide enough nutritional support to do some good

with vitamins only

Theragran also available:

Theragran Liquid Theragran Junior

Formula for Theragran-M on Page 38

Theragran products do not contain folic acid.

1-41 a list of the above references will be supplied on request.

SQUIBB

Introducing a
basic concept
in the dietary
management of
the
prenatal
patient
with many advantages
over conventional
supplementation

ORDERV*

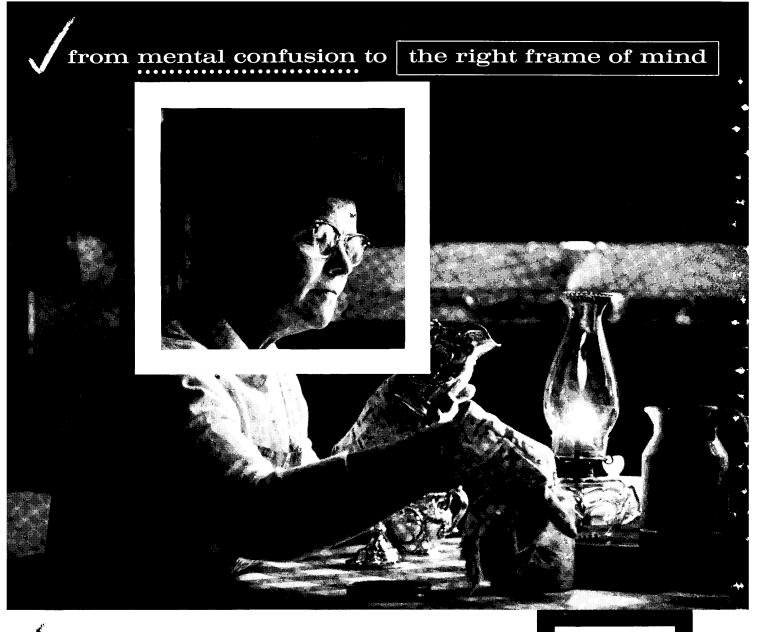
vitamin-mineral supplement in a protein wheat wafer

specifically formulated to provide a palatable, convenient and natural regimen for the prenatal patient used for between meal sustenance, as a basis for establishing a successful regimen of interval feeding. ORDERV can aid in decreasing severity of the nausea encountered in early pregnancy, aid in allaying flatulence, indigestion and heartburn resulting from decreased G.I. capacity with hypotonicity, aid in satisfying active, if unpredictable appetites by supplying satisfactory bulk and nutriments with low caloric intake, aid in weight control, and provide supplementation without the aura of medication and without aftertaste.

For complete information about ORDERV wafers, including a complimentary supply, ask your FLINT, Eaton representative.

3 ORDERV wafers provide the following: Vitamin A Acetate (crystalline), 6000 U.S.P. units • Vitamin D (irradiated ergosterol), 400 U.S.P. units • Thiamine Mononurate (B_1) , 2.0 mg. • Riboflavin (B_2) , 2.5 mg. • Niacinamide, 20.0 mg. • Ascorbic Acid (C), 100.0 mg. • Pyridoxine HCl (B_8) , 2.0 mg. • Calcium Pantothenate, 2.0 mg. • Cyanocobalamin (B_{12}) , 2.0 mcg. • Iron (as Ferric Orthophosphate), 15.0 mg. • Calcium (as Calcium Carbonate), 400.0 mg.

ORDERV is manufactured for FLINT, Eaton & Company Morton Grove, Illinois



continuous, 24-hour cerebral oxygenation for the aging patient. By stimulating respiratory and circulatory function, GERONIAZOL TT* relieves mental confusion, depression, anxiety, and emotional instability—frequent problems in patients after forty—due to presentle changes in the vasculature of the brain. Notable benefit usually is seen within one to three weeks of therapy. It improves appetite, sleep pattern, and outlook—and GERONIAZOL TT* is non-hypertensive, non-excitatory.

Neither a tranquilizer nor a psychic energizer, GERONIAZOL TT* provides a physiologic stimulation of the cerebrum to permit the patient to adjust to his surroundings, become part of life itself again—and attain the right frame of mind.

References: 1. Curran, T. R., and Phelps, D. K.: Am. Pract. & Dig. Treat. 11: 617, 1960. 2. Levy, S.: J.A.M.A. 153: 1260, 1953. 3. Connolly, R.: W. Va. Med. J. 56: 263, 1960.

GERONIAZOL® TT*

*TEMPOTROL® (Time Controlled Therapy)



PHARMACAL COMPANY affiliate of PHILIPS ROXANE, INC.
Columbus 16, Ohio

Each TEMPOTROL contains: Pentylenetetrazol, 300 mg.; and Nicotinic Acid, 150 mg.

Indications: Respiratory and circulatory stimulant for the aged and debilitated with symptoms of mental confusion, depression, anxiety or arteriosclerotic psychosis.

Contraindications: None known in recommended dosage.

Dosage: One GERONIAZOL TT* tablet, b. i. d.

Supplied: Bottles of 42 tablets (3 weeks' treatment).

For demonstrably greater relief in asthma¹

GLEARS the bronchial tree of thick mucus and DILATES the bronchioles

Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilates bronchioles, combats local edema and provides mild sedation.

In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)² to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.³ Since asthma is a chronic allergic disease of the bronchial tree,³ Bronkotabs also supplies a highly efficient antihistamine (thenyldiamine) for prophylactic maintenance.⁴ Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five times daily.

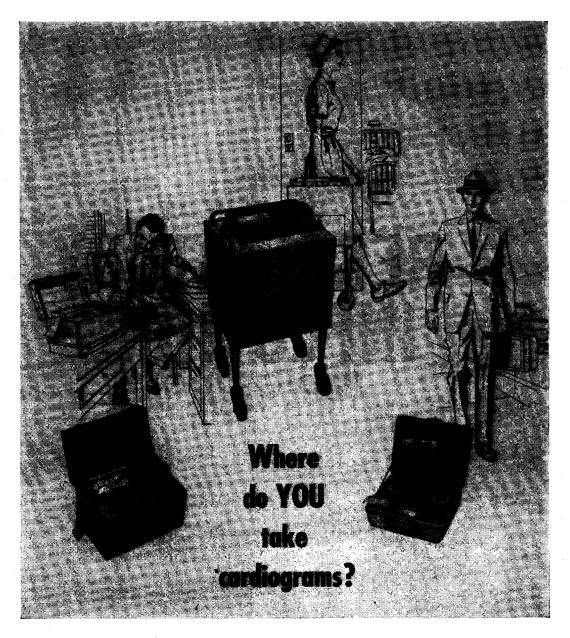
Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in... [BRONKOTABS]... gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital]..."

BRONKOTABS DOES MORE FOR THE ASTHMATIC BECAUSE IT IS MORE COMPREHENSIVE IN ACTION. Each tablet contains: Theophylline 100 mg.; Ephedrine Sulfate 24 mg.; Phenobarbital 8 mg.; Thenyldiamine HCl 10 mg. and Glyceryl Guaiacolate 100 mg. Supplied: bottles of 100 white scored tablets.

References: 1. Spielman, A. D.: In press. 2. Schwartz, E., et al.: Am. Pract. & Digest Treat. 7:585, 1956. 3. Ogden, H. D., and Fuchs, M.: J. Louisiana M. Soc. 111.175, 1959. 4. Drill, W. A.: Pharmacology in Medicine, New York, McGraw-Hill Co., 1954, p. 41.







A HOUSE CALL ECG TEST demands a lightweight, yet rugged and accurate instrument you can carry anywhere. The Sanborn "300 Visette" weighs 18 pounds complete, is little larger than your briefcase, performs accurately trip after trip.

... In your office or laboratory, a 2-speed, highly versatile ECG can be one of your most valuable diagnostic tools. The Sanborn "100 Viso" records at 25 or 50 mm/sec., at any of 3 sensitivities, accepts non-ECG inputs and output monitoring equipment.

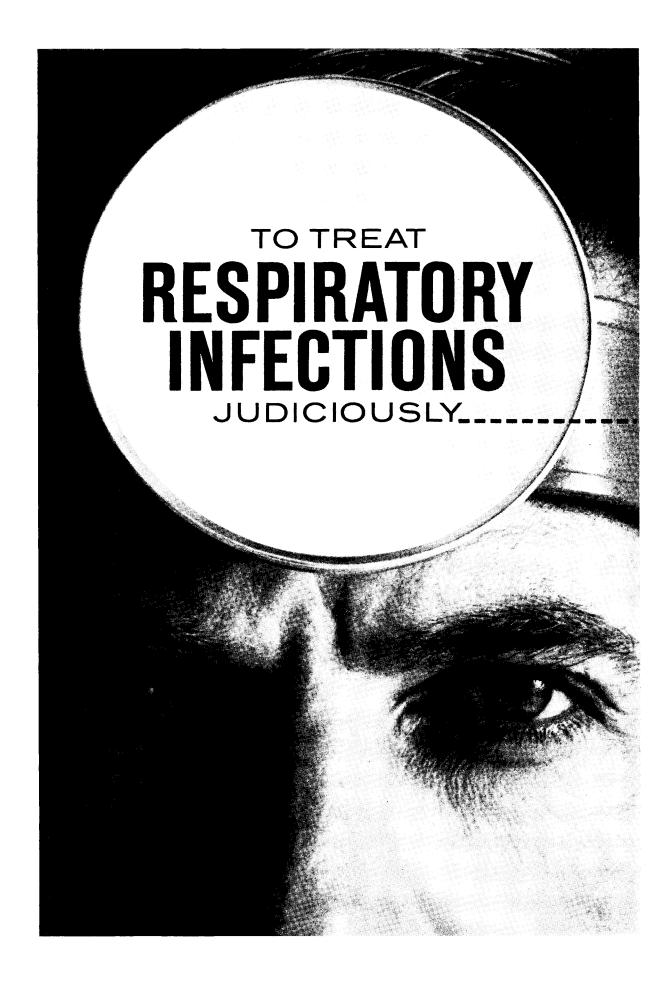
And in clinic or hospital use, an ECG with all its accessories that can be rolled effortlessly from place to place saves time, lets one instrument answer many calls. The Sanborn "100M Viso" — a mobile cabinet version of the "100 Viso" — provides complete mobility in a precision ECG.

Call or write your nearby Sanborn Branch Office or Service Agency for complete instrument information and details of the 15-day trial plan and convenient time payment purchase arrangement.



175 Wyman Street Waltham 54, Massachusetts

GLENDALE Branch Office 203 So. Verdugo Rd., Chapinan 5-6761 and 5-6762 SAN FRANCISCO Branch Office 2310 Irving St., Lombard 4-1900 SAN DIEGO Resident Representative 2800 University Ave., Cypress 6-4735



When it's penicillin-susceptible and the patient is not allergic Use an orally maximal penicillin



Consistent dependable therapeutic response through maximal absorption, maximal serum concentration and longer duration of inhibitory antibiotic levels for less susceptible organisms.

Available as Maxipen Tablets, 125 mg. and 250 mg.; Maxipen for Oral Solution, 125 mg. per 5 cc. of reconstituted liquid.

Literature on request

or

When you hesitate to use penicillin (eg. possible bacterial resistance or allergic patient)

You can count on



Extends the Gram-positive spectrum of usefulness to include many staphylococci resistant to one or more of the commonly used antibiotics...narrows the spectrum of side effects by avoiding many allergic reactions and changes in intestinal bacterial balance.

Available as Tao Capsules, 250 and 125 mg.; Tao Oral Suspension, 125 mg. per 5 cc; Tao Pediatric Drops, 100 mg. per cc. of reconstituted liquid; Intramuscular or Intravenous as oleandomycin phosphate.

Literature on request

Formulated from Pfizer's line of fine pharmaceutical products



New York 17, N. Y., Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being™

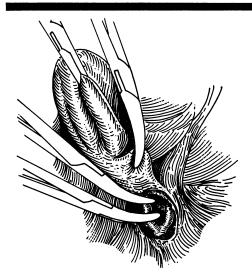
Assure balanced nutritional support from the very first days of life with VI-PENTA DROPS—dependable vitamin formulations.

RACCHE
LAGORAFORIES
Division of Hottmann-La Roche Inc.

litartins to meet their growing needs

AN AMES CLINIQUICK®

CLINICAL BRIEFS FOR MODERN PRACTICE



HOW MAY A PATIENT BE REASSURED THAT REMOVAL OF HIS GALLBLADDER WILL NOT SERIOUSLY IMPAIR HIS DIGESTIVE ABILITY?

He may be told that, among animals of similar dietary habits and digestive processes, some have a gallbladder and some do not. Among the herbivores, the cow and sheep have one, the deer and horse do not; among the omnivores, the mouse has one but the rat does not.

Source: Farris, J. M., and Smith, G. K.: M. Clin. North America 43:1133 (July) 1959.

when the patient needs

increased bile flow...

DECHOLIN

(dehydrocholic acid, AMES)

"Constant loss of bile [from relaxation of sphineter of Oddi following cholecystectomy] reduces the amounts available for lipid absorption after meals, with resulting clinical symptoms apparently relieved by bile acid administration." *Source:* Popper, H., and Schaffner, E: Liver: Structure and Function, New York, McGraw-Hill 1957, p. 309.

Available: Dechol.18 Tablets: (dehydrocholic acid, Ames) $384\,$ gr. (250 mg.). Bottles of 100, 500, and 1,000.

and for hydrocholeresis plus spasmolysis...

DECHOLIN® WITH BELLADONNA

dehydrocholic acid with belladonna. Ames

Available: Decholin Belladonna Tablets: Decholin (dehydrocholic acid, Ames) 334 gr. (250 mg.) and extract of belladonna 16 gr. (10 mg.). Bottles of 100 and 500.



44 CALIFORNIA MEDICINE

a breathing spell from asthma

Quadrinal

a rapid way to clear the airway

- stops wheezing
- increases cough effectiveness
- relieves spasm

In chronic disorders associated with obstructed respiration, the dependable antispasmodic and expectorant action of Quadrinal rapidly clears the bronchial tree. Patients breathe more easily and acute episodes of bronchospasm are often eliminated. Quadrinal is well telerated, even on prolonged administration. The potassium inclide in Quadrinal provides an expectorant of time-tested effectiveness and safety.

Indications : Bronefilal asthma, chronic bronebitis pulmonary fibrosis, pulmonary emphysema.

Quadrinal Tablets, containing ephedrine HCl (24 mg.) phenotarbital (24 mg.), Phytholit* (Theophylline calcium salfoylate) (130 mg.), and potassium louida (0.3 Gm.).

Also ávailable

arnew Quadrinal dosage form with faste appeal for all age groups: fruit flavored QUADRINAL SUSPENSION (1 tesspoonful = 1/2 Quadrinal Tablet)

KNOLL PHARMACEUTICAL COMPANY, GRANGE, NEW JERSEY

*Ougorinal : Physicine





BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Dosage: Adults and older children - One or two tablets t.i.d. as required. Children 6 to 12 years of age - One tablet t.i.d. as required.

Supplied: Bottles of 100 or 1000

Each orange and yellow layered tablet contains:	
'Sudafed'® brand Pseudoephedrine Hydrochloride.	20 mg.
'Perazil'® brand Chlorcyclizine Hydrochloride	15 mg.
Acetophenetidin	150 mg.
Aspirin (Acetylsalicylic Acid)	200 mg.
Caffeine	30 mg.

Complete literature available on request.

Introducing new therapy for

hypertension and congestive failure

lowers blood pressure drains excess water calms apprehension

Now the most widely prescribed diuretic-antihypertensive, hydrochlorothiazide, is combined with the most widely prescribed tranquilizer, meprobamate. It is called "Miluretic", and constitutes new therapy for hypertension and congestive failure — especially when emotional factors complicate treatment.

What does Miluretic do? Both components are of proven value in

the management of hypertension. In congestive failure, Miluretic provides smooth, continuous diuresis. But Miluretic's biggest advantage is that it tranquilizes hypertensive and edematous patients safely and quickly—a boon to the physician whose patients' emotional reaction to their condition complicates therapy. Unlike Rauwolfia compounds, Miluretic does not cause depression or nasal congestion.

new Miluretic*

Composition: 200 mg. Miltown (meprobamate, Wallace) + 25 mg. hydrochlorothiazide

Dosage: For hypertension, 1 tablet four times a day. For congestive failure, 2 tablets four times a day.

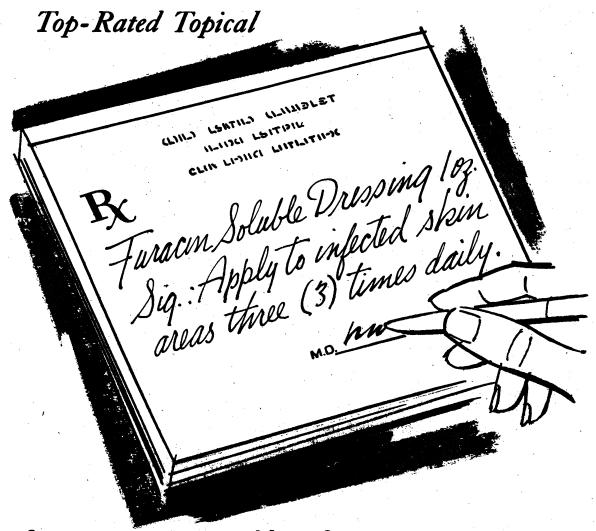
Supplied: Bottles of 50 white, scored tablets

Available at all pharmacies

Write for samples and complete literature to

*Trade-mark

WALLACE LABORATORIES / Cranbury, N. J.



for your treatment table...for your prescription use



EFFECTIVE AND SAFE FOR CUTANEOUS BACTERIAL INFECTIONS-Impetigo and pyoderma responded promptly to Furacin: "treatment was usually necessary for only several days or one week at most." There was a low incidence of hypersensitivity: only 1 reaction among the 92 Furacin-treated patients with these conditions. Application of Furacin to infected, chronic leg ulcers, "previously resistant to many types of treatment, was attended by marked clearing of the infection and healing of the ulcerations without any adverse reaction."

In the over-all group of 212 dermatologic patients, Furacin (Soluble Dressing, Cream or Solution, applied three times daily) was also successful in treating furunculosis, folliculitis, pustular acne, sycosis vulgaris barbae, and ecthyma. Hypersensitivity may be minimized by limiting application to "the recommended five-to-seven-day period," particularly "in lesions overlying a large, active vascular bed. . . . "

Weiner, A. L., and Fixler, Z. C.: J.A.M.A. 169:346, 1959.

- broad bactericidal range includes certain stubborn staphylococcal strains has not developed significant resistance • nontoxic and nonirritating • does not retard epithelization
- low sensitization rate stable and long-acting even in exudates
- Soluble Dressing Soluble Powder Solution Cream
- HC Cream (with hydrocortisone) and other special formulations for every topical need



BEATON LABORATORIES Division of The Norwich Pharmacal Company NORWICH, NEW YORK



brand of nitrofurazone



AHR

PHENAPHEN (Basic formula)

In each capsule: Phenacetin (3 gr.) 194.0 mg.; acetylsalicylic acid (2½ gr.) 162.0 mg.; hyoscyamine sulfate 0.031 mg.; and phenobarbital (¼ gr.) 16.2 mg.

AHR

PHENAPHEN No. 2

AHR

PHENAPHEN No. 3

PHENAPHEN with Codeine¹/₂ gr.

AHR

PHENAPHEN No. 4

PHENAPHEN with Codeine 1 gr. SUPPLY: Bottles of 100 and 500 capsules.

sedative-enhanced analgesia

To each "according to his need" — maximum safe analgesia through time-and-pain-tested synergistic formulations, in four strengths for individualized prescription.

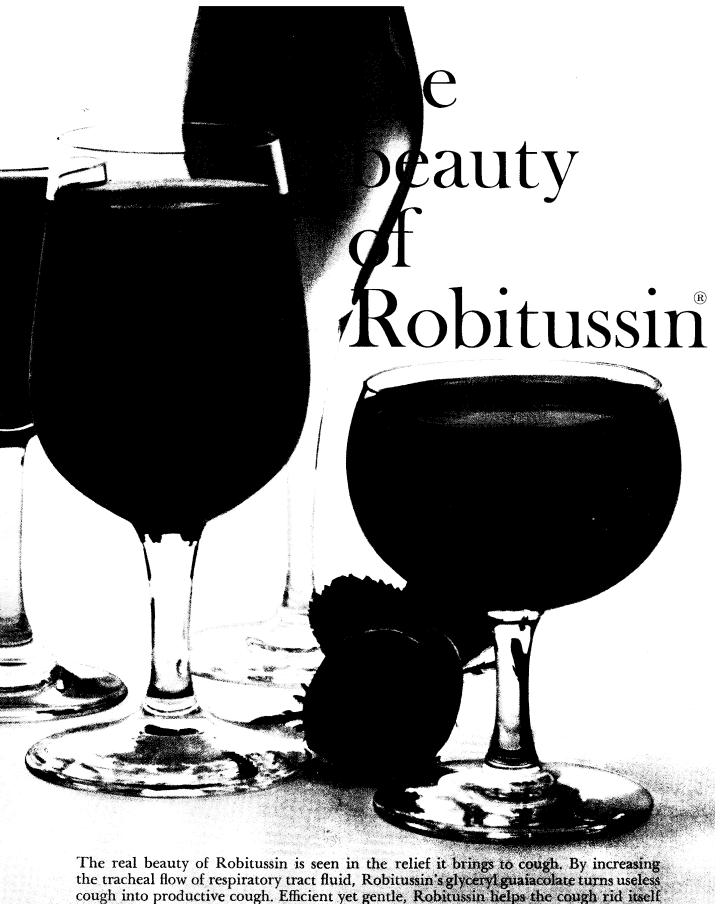
PHENAPHEN



PHENAPHEN® WITH COL

3/4 gr., 1/1 gr., 1 gr.

A. H. ROBINS CO., INC., Richmond 20, Virginia Making today's medicines with integrity . . . seeking tomorrow's with persistence



The real beauty of Robitussin is seen in the relief it brings to cough. By increasing the tracheal flow of respiratory tract fluid, Robitussin's glyceryl guaiacolate turns useless cough into productive cough. Efficient yet gentle, Robitussin helps the cough rid itself of the very irritants that cause it. And in more than a decade of use it has proved unquestionably safe, as well as consistently acceptable, to patients of all ages. Robitussin® is glyceryl guaiacolate, 100 mg. per 5 cc. dose; Robitussin® A-G adds ocophen pyridamine maleate 7.5 mg., and codeine phosphate 10.0 mg. per 5 cc. dos i exempt parcotic).

A. H. Robins Company, Inc., Richmond 20, Virginia





Looking for Advice on Securities?

It's easy to get. Almost anyone who has ever bought a stock will volunteer it. Financial columnists and magazines dispense it. Numerous services sell it by mail. Investment counselors will advise you for a fee. As investment bankers and brokers we offer it . . . without obligation.

As an investor, the task you face is that of evaluating the advisor! And it pays to do this carefully.

Good investment advice is the result of painstaking effort, thorough analysis and experienced judgment. Our business has been built on it. Not *every* recommendation we make proves profitable, of course, but your success and ours depends on a respectable "batting average."

To keep it respectable, we maintain a 72-

member research team. Three of our partners devote full time to investment research.

This highly skilled team backs up our 414 Account Advisors who are carefully chosen and constantly briefed to keep you alerted to investment opportunities. Twice each day they receive a market report from our Partners on the floor of the New York Stock Exchange. Over 1,000 investment studies annually, a fortnightly Review and Analysis, Monthly Investment Suggestions, Weekly Bond List and our Annual Positive Investment Policy are available to them and you.

If you're seeking investment advice . . . if you have a question or need solid facts, just call, write or visit our nearest office and ask for an Account Advisor. He may help you bring up your "investment batting average."

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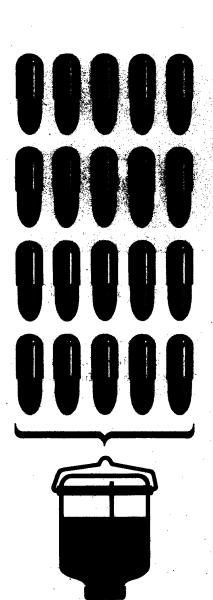
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■ See both blood picture and patient respond to

TRINSICON®

(hematinic concentrate with intrinsic factor, Lilly)

For a rapid hematological response
... striking clinical improvement

Two Pulvules® Trinsicon daily are capable of producing in ten days an Hb and RBC response comparable to that obtained after a transfusion of one pint of whole blood. For potent, complete anemia therapy, prescribe Trinsicon... just 2 a day for all treatable anemias.

Two Pulvules Trinsicon (daily dose) provide:

Ferrous Sulfate, Anhydrous 600 mg. (Equal to over 1 Gm. Ferrous Sulfate, U.S.P.)

lent to 1½ N.F. units of APA potency.)

Ascorbic Acid (Vitamin C) 150 mg. Folic Acid 2 mg.

11900

11th ANNUAL

REGIONAL POSTGRADUATE INSTITUTE

WEST COAST COUNTIES

Presented by Committee on Postgraduate Activities of the California Medical Association, in cooperation with Monterey, Santa Cruz and San Benito Counties Medical Societies, and the College of Medical Evangelists.

Guest Speaker: Owen H. Wangensteen, M.D., Professor and Chief, Department of Surgery, University of Minnesota Medical School; President, American College of Surgeons, 1959-60.

Del Monte Lodge, Pebble Beach

March 2 and 3, 1961

PROGRAM.

THURSDAY, MARCH 2

Morning Session

PROBLEMS OF THE SENIOR CITIZEN

- 9:30-10:00—Urological Problems Involved in Geriatric Practice—Roger W. Barnes, M.D.
- 10:00-10:30—Recognition and Management of Cerebral Vascular Accidents—Julius Bauer, M.D.
- 10:30-11:30—Cancer of the Alimentary Tract of the Aged—Owen H. Wangensteen, M.D.
- 11:45-12:30—Geriatric Panel: Edward R. Bloomquist, M.D., Moderator; Roger W. Barnes, M.D.; Julius Bauer, M.D.; Owen H. Wangensteen, M.D.

Afternoon Session

ENDOCRINOLOGY

- 2:00-2:40—Pituitary Adrenal Axis—Julius Bauer, M.D.
- 2:40-3:20—The Use of Progestins in Practice—Gordon P. Griggs, M.D.
- 3:20-4:00—Pediatrics—Robert F. Chinnock, M.D.
- 4:15-5:00—Endocrinology Panel: C. Joan Coggin, M.D., Moderator; Julius Bauer, M.D.; Gordon P. Griggs, M.D.; Robert F. Chinnock, M.D.
- 7:30—Banquet (wives invited)—Speaker of national repute, followed by informal dancing.

FRIDAY, MARCH 3

Morning Session

GENERAL SURGERY

- 9:30-10:00—Recognition of Cardiac Arrest—Edward R. Bloomquist, M.D.
- 10:00-10:30—Recognition and Management of Endometriosis—Gordon P. Griggs, M.D.
- 10:30-11:30—Surgical Facets of the Peptic Ulcer Problem—Owen H. Wangensteen, M.D.
- 11:45-12:30—General Surgery Panel: Albert C. Daniels, M.D., Moderator; Edward R. Bloomquist, M.D.; Gordon P. Griggs, M.D.; Owen H. Wangensteen, M.D.

Afternoon Session

PROBLEMS OF THE JUNIOR CITIZEN

- 2:00-2:40—Problems in Adolescence—Robert F. Chinnock, M.D.
- 2:40-3:20—Pediatric Urology—Roger W. Barnes, M.D.
- 3:20-4:00—Selection of Patients for Cardiac Surgery— C. Joan Coggin, M.D.
- 4:15-5:00—Pediatric Panel: Julius Bauer, M.D., Moderator; Robert F. Chinnock, M.D.; Roger W. Barnes, M.D.; C. Joan Coggin, M.D.

HOST: Monterey County Medical Society . . . REGIONAL CHAIRMAN: A. F. Kandlbinder, M.D., 835 Cass Street, Monterey, California . . . INSTITUTE FEE: \$15.00. For additional information, contact Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

11th ANNIIAL

REGIONAL POSTGRADUATE INSTITUTE

NORTH COAST COUNTIES

MIRRORS OF SYSTEMIC DISEASE—Presented cooperatively by University of California School of Medicine, San Francisco, North Coast Counties Medical Societies, and California Medical Association Committee on Postgraduate Activities.

Flamingo Hotel, 4th Street and Farmers Lane

SANTA ROSA, MARCH 23-24, 1961

• Certain key parts of the routine examination of patients act as the alert for the existence of generalized systemic disease. Whatever kind of practice a physician is engaged in, these remain among the most important parts of his examination. This Institute is devoted to some of these aspects. The problems of further investigation and treatment of patients with these manifestations will be discussed in an interdisciplinary manner. In the panels, patient demonstrations and discussion groups, there will be full opportunity for active participation by the registrants.

Guest Speaker: WALTER C. LOBITZ, JR., M.D., Professor of Dermatology and Head of the Division of Dermatology, University of Oregon Medical School, Portland, Oregon.

PROGRAM.

THURSDAY, MARCH 23

Morning Session

PERIPHERAL BLOOD-A MIRROR OF SYSTEMIC DISEASE

9:00-10:00—Lecture—Paul M. Aggeler, M.D.

10:15-12:00—Panel Discussion. Moderator: Paul M. Aggeler, M.D.; Panel: William C. Deamer, M.D.; Richard E. Gardner, M.D.; Wallace V. Epstein, M.D.; Glenn E. Sheline, M.D.

Afternoon Session

THE SKIN-A MIRROR OF SYSTEMIC DISEASE

1:30-2:30-Lecture-Walter C. Lobitz, Jr., M.D.

- 2:45-4:45—Panel Discussions and Presentation of Patients (Panels meet simultaneously—and will rotate).

 Registrants to remain in same room throughout.
 - Panel 1: Presentation of Four Patients Accenting Collagen and Related Diseases—Wallace V. Epstein, M.D.; William Whiting, M.D.; E. Manfred Bloner, M.D.
 - Panel 2: Presentation of Four Patients Accenting Neoplastic Disease—John Pennington, M.D., Robert Butler, M.D.; Glenn E. Sheline, M.D., R. L. Zieber, M.D.
 - Panel 3: Presentation of Four Patients Accenting Peripheral Vascular Disease—Richard E. Gardner, M.D.; Bradford Lundborg, M.D.; A. A. Tratar, M.D.
 - Panel 4: Presentation of Four Patients Accenting Infections—William C. Deamer, M.D.; Walter Weber, M.D.; George Rostel, M.D.
 - (Lecturer will rotate from one panel to another and some patients will be presented to more than one panel.)

7:30—Institute Banquet—Informal Dancing.

FRIDAY, MARCH 24

Morning Session

THE URINE-A MIRROR OF SYSTEMIC DISEASE

9:00-10:00—Lecture—Max Rukes, M.D.

10:15-12:00—Panel Discussion. Moderator: Max Rukes, M.D. Panel: Vincent Di Raimondo, M.D.; Walter C. Lobitz, Jr., M.D.; Edward C. Hill, M.D.; Milton L. Rosenberg, M.D.; Felix O. Kolb, M.D.

Afternoon Session

THE EYE-A MIRROR OF SYSTEMIC DISEASE

1:30-2:30-Lecture-William F. Hoyt, M.D.

- 2:45-4:45—Panel Discussions and Presentation of Patients (Panels meet simultaneously—and will rotate).

 Registrants to remain in same room.
 - Panel 1: Presentation of Four Patients Showing Complications of Pregnancy and Hypertension —Edward C. Hill, M.D.; Robert Huntington, M.D.; Charles Kelly, M.D.
 - Panel 2: Presentation of Four Patients Showing Endocrine Problems and Pituitary Problems— Norman Panting, M.D.; Daniel McCaskill, M.D.; Felix O. Kolb, M.D.
 - Panel 3: Presentation of Four Patients with Urological Problems—John Bodle, M.D.; Stanford Hampton, M.D.; Milton L. Rosenberg, M.D.
 - Panel 4: Presentation of Four Diabetic Patients— Vincent Di Raimondo, M.D.; Vernon Lightfoot, M.D.; John H. Wuest, Jr., M.D.
 - (Lecturer will rotate from one panel to another and some patients will be presented to more than one panel.)

HOST: Sonoma County Medical Society . . . REGIONAL CHAIRMAN: Milton A. Antipa, M.D., 50 Montgomery Drive, Santa Rosa. INSTITUTE FEE: \$15.00. For additional information contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

POSTGRADUATE

EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

- Clinical Traineeships Anesthesia, Dermatology and Pediatric Cardiology. Dates by arrangement. Minimum period—two weeks. Fee: Two weeks, \$150.00; four weeks, \$250.00.
- Management of Fractures and Dislocation, and Application of Casts, Splints and Bandages. Thursday through Saturday, February 23-25. Eighteen hours. Fee: Lecture and Lab \$70.00; Lecture only \$40.00.
- Use of Indirect Ophthalmoscopy in Retinal Detachment Surgery. Thursday through Saturday, March 2-4. Eighteen hours.*
- Psychiatry in Medicine. Friday and Saturday, March 10 and 11. Twelve hours. Fee: \$2,50.
- Management of Pain by Therapeutic Nerve Blocks
 —Harbor Hospital. Friday through Sunday, April 7
 through 9. Eighteen hours. Fee: \$55.00 (includes two luncheons).
- Israel—Clinical Postgraduate Program (sessions to be held in Jerusalem and Tel Aviv). April 20 through 28. Thirty-two hours. Fee: \$200.00.
- Management of Trauma—Harbor Hospital. Friday and Saturday, May 19 and 20. Nine hours.*
- Gerontology. Friday and Saturday, May 19 and 20. Twelve hours.*
- Common Emergencies in Clinical Practice. Friday and Saturday, May 26 and 27. Twelve hours. Fee: \$40.00.
- Dermatology in Clinical Practice. Tuesday, July 11. Six hours. Fee: \$20.00.
- Advanced Seminars in Dermatology (for Dermatologists). Wednesday through Sunday, July 12 through 16. University Conference Center, Lake Arrowhead. Fourteen and one-half hours, Fee: \$150.00 (includes room and meals).
- Infertility. Friday and Saturday, July 14 and 15.†
- Advanced Seminar on Infertility. Sunday through Wednesday, July 16 through 19. University Conference Center, Lake Arrowhead.†
- General Pediatrics. Wednesday through Sunday, August 2 through 6. University Conference Center, Lake Arrowhead. Sixteen hours. Fee: \$150.00 (includes room and meals).
- Endocrinology. Friday and Saturday, August 4 and 5.† For information on courses for physicians or ancillary personnel contact: Thomas H. Sternberg, M.D., assistant dean for Continuing Medical Education, U.C.L.A. Medical Center, Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA. SAN FRANCISCO

- Medicine for General Practitioners. Mount Zion Hospital. Monday through Friday, February 20 through 24. Thirty-five hours. Fee: \$85.00.
- Diseases of the Nervous System in Childhood. Thursday through Saturday, March 2 through 4. Twenty-one hours. Fee: \$50.00.
- Urology for Non-Urologists. Friday and Saturday, March 10 and 11. Fourteen hours.*
- Perinatal Problems, Children's Hospital. Saturday, March 11. Seven hours. Fee: \$12.50.
- Diagnostic Radiology. Wednesday through Sunday, March 15 through 19. Thirty-five hours.*
- Evening Lecture Series in Medicine, Eden Hospital. Tuesday evenings, April 4 through May 23.†
- Laboratory Investigation of Endocrine Disorders.
 Friday through Sunday, April 7 through 9. Twenty-one hours.*
- General Surgery. Thursday and Friday, April 20 and 21. Fourteen hours.*
- Ear-Nose-Throat. Thursday through Saturday, May 11 through 13. Twenty-one hours.*
- Proctology. Thursday and Friday, May 18 and 19. Fourteen hours.*
- Water, Salts and Steroids. Thursday through Saturday, May 25-27. Twenty-one hours.*
- A Course in Ophthalmology. Thursday through Saturday, June 1-3. Twenty-one hours.*
- Electrocardiography. Friday and Saturday, June 9 and 10. Fourteen hours.*
- A Course in Psychiatry for Physicians in General Practice. Thursday through Saturday, June 15-17. Twenty-one hours.*
- Cerebral Palsy. Thursday and Friday, June 29 and 30. Fourteen hours.*
- Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes.

 Two or three month course limited to one enrollee per month. Fee: \$350.00.
- For information on courses for physicians or ancillary personnel contact: Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

PRESBYTERIAN MEDICAL CENTER, SAN FRANCISCO

- Diabetes and Thyroid Disease: Current Methods in Diagnosis and Treatment. Saturday, February 25. Eight hours. Fee: \$25.00.
- The Four R's of Fractures: Recognition, Reduction, Retention, Rehabilitation. Saturday, March 11. Eight hours. Fee: \$25.00.
- Problems in Therapy of Cardiac Disease. Sunday, April 9. Eight hours. Fee: \$25.00.
- Problems in Neurology and Neurosurgery. Saturday, May 6. Eight hours. Fee: \$25.00.
- Psychological Problems in General Practice. Sunday, May 21. Eight hours. Fee: \$25.00.
- Horizons in Surgery. Saturday, June 17. Eight hours. Fee: \$25.00.

Note:	
Each one of the conferences listed above	
A series of any 5 conferences	100.00

^{*} Fee to be announced.

[†]Hours and fees to be announced.

- Operable Heart Disease. Friday and Saturday, March 3 and 4
- Conference on Keratoplasty. Wednesday through Friday, March 8 through 10. Limited enrollment.
- General Review Course for Practicing Physicians. Thursday through Saturday. March 16 through 18.
- Conference on Strabismus. Wednesday through Friday. July 12 through 14.
- Contact: Arthur Selzer, M.D., program committee chairman, Presbyterian Medical Center, Clay and Webster Sts., San Francisco 15, WEst 1-8000, Ext. 303.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Nuclear Medicine:

Part II, eight weeks. Fee: \$350.00. Part III, twelve weeks. Fee: \$350.00.

Ward Walks in Rare Diseases. Thursday evenings, May 4 to July 6, 7:30-9:30 p.m. Los Angeles County Hospital. Tuition: \$100.00.

Hawaii Course. August 2 through 18. The USC School of Medicine will offer the 4th Postgraduate Refresher Course to be held in Honolulu and on board the S.S. Matsonia. (As a time and money saver, air travel is also possible.)

Cardiac Resuscitation. Each Wednesday by appointment, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Tuition: \$30.00. (Each session all-inclusive.)

Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

Contact: Phil R. Manning, M.D., Associate Dean and Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

SURGICAL ANATOMY (Dissection, Lectures and Demonstrations):

Head and Neck. Monday and Wednesday, April 19 through May 31. Sixty-three hours. Fee: \$75.00.

SURGICAL ANATOMY (Lectures and Demonstrations only):

Head and Neck. Wednesdays, April 12 through May 31. Twenty-four hours. Fee: \$35.00.

Alumni Postgraduate Convention Refresher Courses, March 12 and 13, on the campus of the College of Medical Evangelists at White Memorial Hospital.

Joint Manipulation. Monday through Friday, March 20 through 24. Twenty hours. Fee: \$100.00.

Tropical Public Health. Monday through Friday, April 3 through 28. Fee: \$65.00.

Clinical Traineeships available in clinical departments by arrangement with Postgraduate Division and Postgraduate Chairman of department involved. In addition to those listed other traineeships in other departments can be arranged. Eighty hours minimum. Limited enrollment. Begin when individually arranged.

- Anesthesia. Six months. 250 to 300 hours. Fee: \$350.00.
- 2. Internal Medicine. Two weeks to nine months.
- 3. Pulmonary Diseases (can be arranged).
- 4. Traumatology. One month. 160 hours. Fee: \$125.00.
- 5. Urology (can be arranged).

For information contact: Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

CALIFORNIA MEDICAL ASSOCIATION ANNUAL SESSION POSTGRADUATE COURSES

Clinical Neurology in cooperation with College of Medical Evangelists. White Memorial Hospital. Sunday, April 30, 9-12 a.m.; Monday and Tuesday, May 1 and 2, 2-5 p.m. Fee: \$25.00.*

Office Gynecology in cooperation with USC School of Medicine. Los Angeles County Hospital. Saturday, April 29, 9-12 a.m. and 2-5 p.m.; Sunday, April 30, 9-12 a.m. Fee: \$25.00.*

Use and Limitations of Laboratory Tests in cooperation with USC School of Medicine. Los Angeles County Hospital. Saturday, April 29, 9-12 a.m. and 2-5 p.m.; Sunday, April 30, 9-12 a.m. Fee: \$25.00.*

Cardiac Resuscitation: in cooperation with USC School of Medicine. USC Research Building, Room 211, 2025 Zonal Avenue, Los Angeles 33. Section I: Saturday, April 29, 2-4 p.m.; Section II: Sunday, April 30, 2-4 p.m. (each Section is all-inclusive). Each Section is limited to 10 registrants from areas other than Los Angeles and San Francisco. Fee: \$30.00, each Section.*

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE CIRCUIT COURSES

For Dunsmuir, Redding, Chico and Marysville in cooperation with Stanford University School of Medicine. Begins week of March 5, 1961.

For Eureka, Ukiah, Napa and Auburn in cooperation with University of California School of Medicine, San Francisco. Begins week of March 5, 1961. Napa course begins March 15, 1961.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE INSTITUTES—1961

West Coast Counties, March 2 and 3, Del Monte Lodge, Pebble Beach, in cooperation with College of Medical Evangelists. *Chairman:* A. F. Kandlbinder, M.D., 835 Cass Street, Monterey.

North Coast Counties, March 23 and 24, Flamingo Hotel, Santa Rosa, in cooperation with University of California, San Francisco. *Chairman:* Milton A. Antipa, M.D., 50 Montgomery Drive, Santa Rosa.

San Joaquin Valley, April 14 and 15, Ahwahnee Hotel, Yosemite, in cooperation with UCLA School of Medicine. *Chairman:* J. Malcolm Masten, M.D., 1051 R Street, Fresno.

Sacramento Valley Counties, June 30 and July 1, in cooperation with Stanford University School of Medicine, Tahoe Tavern, Lake Tahoe. Chairman: Joel T. Janvier, M.D., 3632 Marysville Road, Del Paso Heights.

^{*}Chartered buses for Registrants will leave the Ambassador Hotel one hour before the beginning of each course and will return just after each course is over.

AUDIO-DIGEST FOUNDATION

A nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and international literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3.3451

Medical Dates Bulletin

FEBRUARY MEETINGS

- Los Angeles Society of Neurology and Psychiatry in cooperation with California Spinal Cord Research Foundation, Conference "Recent Contributions of Basic Research to Paraplegia." February 17 and 18. Los Angeles. Contact: Robert P. Sedgwick, M.D., secretary-treasurer, 2010 Wilshire Blvd., Los Angeles 57.
- California Trudeau Society in cooperation with Veterans Administration and Stanford University School of Medicine, Symposium on Pulmonary Disease. February 18, 9:30 a.m. to 4:30 p.m., New Veterans Administration Hospital, Palo Alto. Contact: R. Morton Manson, M.D., chairman, 130 Hayes St., San Francisco 2.
- CALIFORNIA TUBERCULOSIS AND HEALTH ASSOCIATION, California Trudeau Society Annual Joint Meeting. February 19 through 22, Jack Tar Hotel, San Francisco. Contact: Executive director, C.T.H.A., 130 Hayes Street, San Francisco
- SOUTHERN CALIFORNIA SOCIETY OF GASTROENTEROLOGY. "Problems and Pitfalls in Differential Diagnosis of Jaundice"—Leon Schiff, M.D., February 28, Los Angeles County Medical Association. Contact: William E. Molle, M.D., secretary-treasurer, 6221 Wilshire Blvd., Los Angeles 48.

MARCH MEETINGS

- Second Low-Beer Memorial Lecture. University of California School of Medicine. March 2, 8:00 p.m. Auditorium-S, Medical Sciences Bldg., U. C. San Francisco. Contact: F. Buschke, M.D., Professor of Radiology, University of California Medical Center, San Francisco 22, Calif.
- SOUTHWESTERN PEDIATRIC SOCIETY Postgraduate Lecture Series. March 7 and 8, Statler Hotel, Los Angeles. Contact: Harry O. Ryan, M.D., secretary, 194 N. El Molino, Pasadena.
- ORANGE COUNTY HEART ASSOCIATION, Annual Symposium on Heart Disease. Saturday, March 11. All day. Charterhouse Hotel, Anaheim. *Contact:* Howard G. Buswell, Exec. Director, P. O. Box 1704, Santa Ana.
- ANESTHESIA SECTION OF LOS ANGELES COUNTY MEDICAL ASSOCIATION 6th Annual Spring Postgraduate Meeting. March 11 and 12. Statler Hilton Hotel, Los Angeles. Contact: Thomas W. McIntosh, M.D., 686 East Union Street, Pasadena.

- College of Medical Evangelists Annual Alumni Postgraduate Convention. Scientific Assembly, Ambassador Hotel, March 14, 15 and 16. Contact: F. Harriman Jones, M.D., general chairman, College of Medical Evangelists, 316 North Bailey Street, Los Angeles 33.
- PIONEERS MEMORIAL HOSPITAL 11th Annual Medical and Surgical Postgraduate Assembly. March 17 and 18. Pioneers Memorial Hospital, Brawley. *Contact:* George C. Holleran, M.D., program chairman, P. O. Box 159, Brawley.
- THIRD ANNUAL CANCER SEMINAR presented by the American Cancer Society, Nevada Division, Inc., Reno. To be held at the Riverside Hotel Garden Room, Reno, March 28 to 30. Contact: American Cancer Society, Nevada Division, Inc., 101 W. Arroyo Street, Reno, Nevada.
- FIFTH ANNUAL POSTGRADUATE SYMPOSIUM ON HEART DISEASE sponsored by San Mateo and Santa Clara County Heart Associations, March 29, Veterans' Administration Hospital, 3801 Junipero Serra Blvd., Palo Alto, 9:00 a.m. to 5:30 p.m. Contact: John S. Blum, executive director, San Mateo, or Mr. William Allayaud, executive director, Santa Clara Heart Association, 45 Porter Building, San Jose.

APRIL MEETINGS

- INDUSTRIAL MEDICAL ASSOCIATION. Biltmore Hotel, Los Angeles, April 11 through 13. Contact: Leonard Arling, M.D., secretary, The Northwest Industrial Clinic, 3101 University Avenue, S.E., Minneapolis 14.
- FOURTH ANNUAL PALO ALTO CLINIC SYMPOSIUM sponsored by the Clinic and the Palo Alto Medical Research Foundation, April 15, 300 Homer Avenue, Palo Alto. Contact: John F. Weigen, M.D., program chairman, Palo Alto Clinic, 300 Homer Avenue, Palo Alto.
- California Medical Association Annual Meeting, Ambassador Hotel, Los Angeles. April 30 through May 3. Contact: John Hunton, executive secretary, 693 Sutter Street, San Francisco 2; or Ed Clancy, director of public relations, 2975 Wilshire Blvd., Los Angeles 5.
- Pacific Coast Oto-Ophthalmological Society Annual Meeting. April 30-May 4. Riviera Hotel, Palm Springs. Contact: Al Miller, M.D., Secretary, 500 South Lucas Ave., Los Angeles 17.

MAY MEETINGS

- Los Angeles County Heart Association Annual Meeting, May 3, 12:00 noon to 2:00 p.m. Pacific Ballroom, Statler Hilton Hotel, Los Angeles. *Contact:* Mrs. Sally Smalley, Public Information Director, 2405 W. 8th Street, Los Angeles 57.
- CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS Semi-Annual Meeting, May 4 and 5, Los Angeles. Contact: Donald G. Davy, M.D., State Department of Public Health, 2151 Berkeley Way, Berkeley 4.
- HAWAII MEDICAL ASSOCIATION ANNUAL MEETING. May 4-7. Honolulu, Hawaii. *Contact:* Lee McCaslin, Executive Secretary, 510 So. Beretania, Honolulu 13.
- AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS (for members and invited guests). May 10-12. Del Monte Lodge, Pebble Beach. Contact: William J. Engel, M.D., Secretary-Treasurer, Cleveland Clinic, 2020 E. 93rd St., Cleveland 6, Ohio.

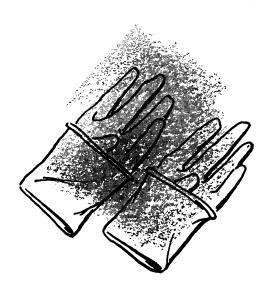
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- NEVADA CHAPTER AMERICAN ACADEMY OF GENERAL PRAC-TICE. May 18-20, Riverside Hotel, Reno, Nevada. Contact: John M. Watson, Secretary, 1845 Prater Way, Sparks, Nevada.
- MEDICAL STAFF OF CHILDREN'S HOSPITAL OF THE EAST BAY Ninth Annual Clifford Sweet Seminar. May 18, 19 and 20. Hotel Claremont, Berkeley, and Children's Hospital of the East Bay. *Contact:* Seymour J. Harris, M.D., chairman, Lectureship Committee, 401 29th Street, Oakland 9.
- CALIFORNIA HEART ASSOCIATION Annual Meeting and Scientific Session. May 19 through 21, Disneyland Hotel, Anaheim. *Contact:* J. Keith Thwaites, Exec. Director 1370 Mission Street, San Francisco.
- AMERICAN ORTHOPAEDIC ASSOCIATION (members and guests). May 22-25. The Ahwahnee Hotel, Yosemite. Contact: Lee Ramsay Straub, M.D., Secretary, 535 E. 70th St., New York 21.
- AMERICAN UROLOGICAL ASSOCIATION, INC. May 22-25. Biltmore Hotel, Los Angeles. *Contact:* Mr. William P. Didusch, Executive Secretary, 1120 N. Charles St., Baltimore 1.
- MEMORIAL HOSPITAL OF LONG BEACH, Third Annual Medical Staff Symposium. May 24. New Memorial Hospital, 2801 Atlantic Ave., Long Beach 6. Contact: George X. Trimble, M.D., secretary, Memorial Hospital of Long Beach.

SUMMER AND FALL MEETINGS

WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIA-TION Annual Meeting (joint with U. S.-Mexico Border Public Health Association). June 26 through 29. El

- Cortez Hotel, San Diego. Contact: Robert E. Mytinger, M.P.H., director, Executive Office Western Branch, APHA, 693 Sutter Street, San Francisco 2.
- NEVADA STATE MEDICAL ASSOCIATION 58th Annual Meeting and 11th Annual Conference of the Reno Surgical Society. August 23-26. Reno, Nevada. Contact: Mr. Nelson B. Neff, Exec. Secretary, Nevada State Medical Association, 506 Humboldt St., Reno.
- WASHINGTON STATE MEDICAL ASSOCIATION Annual Convention. September 17-20. Olympic Hotel, Seattle, Wash. Contact: R. W. Neill, 1309 7th Ave., Seattle.
- WESTERN INDUSTRIAL MEDICAL ASSOCIATION Western Occupational Health Conference, October 6 and 7, Biltmore Hotel, Los Angeles. *Contact:* B. M. Brundage, M.D., Medical Director, Atomics International, P. O. Box 309, Canoga Park, Calif.
- Los Angeles County Heart Association Professional Symposium. October 11-12. 9 a.m.—5 p.m., Statler Hilton Hotel, Los Angeles. *Contact:* Manuel Siegel, Program Director, 2405 W. 8th St., Los Angeles 57.
- California Academy of General Practice 1961 Scientific Assembly. October 15-18. Statler Hilton Hotel, Los Angeles. *Contact:* William W. Rogers, Exec. Secretary, 461 Market Street, San Francisco 5.
- AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC., October 22 to 27, Statler Hilton, Los Angeles. Contact: Mr. John W. Andes, executive secretary, 515 Busse Highway, Park Ridge, Illinois.
- AMERICAN COLLEGE OF CHEST PHYSICIANS Seventh Annual Postgraduate Course on Diseases of the Chest, December 4 to 8, 9 to 5 daily, Statler Hilton Hotel, Los Angeles. Contact: Mr. Murray Kornfeld, executive director; 112 East Chestnut Street, Chicago 11, Illinois.





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Clinical trials^{1,2} demonstrate that Dartal may be used to treat successfully a wide range of emotional disturbances through simple adjustment of dosage. Similarly, the usual daily dosage of Pro-Banthīne may be doubled or tripled without appreciably increasing the incidence or severity of secondary effects³ and tablets of plain Pro-Banthīne may be added to the antispasmodic-tranquilizing regimen of Pro-Banthīne with Dartal when profound suppression of gastrointestinal hyperactivity is indicated.

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dosage: One tablet three times daily.

supply: Aqua-colored, compression-coated tablets containing 15 mg. of Pro-Banthīne (brand of propantheline bromide) and 5 mg. of Dartal (brand of thiopropazate dihydrochloride).

1. Hock, C. W.: Treatment of Gastrointestinal Disorders with an Anticholinergic Tranquilizer Combination, J. M. A. Georgia 48:218 (May) 1959. 2. Investigators' Clinical Reports: Analysis of reports pl 17 physicians in 500 patients. 3. Barowsky, H.; Schwartz, S. A., and Lister, J.: Experience with Short-Term Intensive Anticholinergic Therapy of Peptic Ulcer, Am. J. Gastroenterol. 27:156 (Peb.) 1957.

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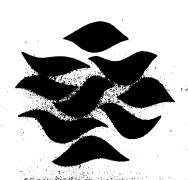
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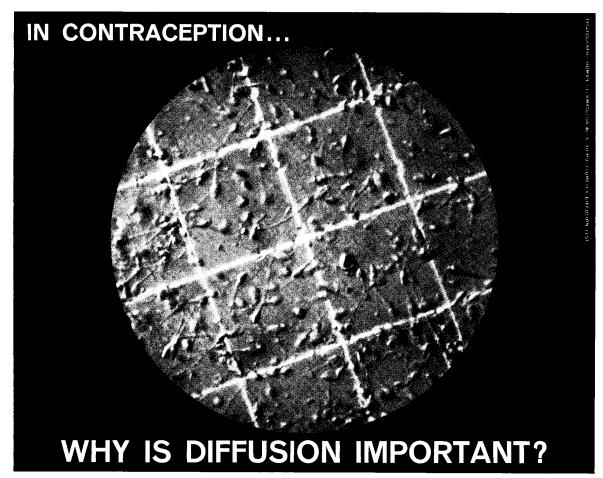
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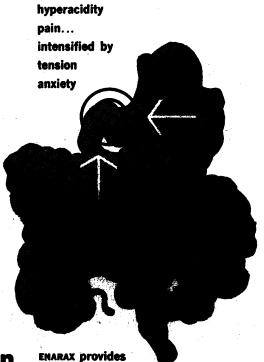
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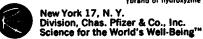
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Proven effective for continuous relief of both physical and emotional aspects of G.I. disease — hypermotility, hyperacidity, and hyperemotivity. One tablet b.i.d. provides 24-hour control of symptoms in peptic ulcer, gastritis, gastroenteritis, colitis, functional bowel syndrome, duodenitis, hiatus hernia (symptomatic), irritable bowel syndrome, pylorospasm, cardiospasm, biliary tract dysfunctions, and dysmenorrhea. ENARAX has been successful in 92% of cases.¹⁻³ Let your G.I. patients profit from its dual, full-time therapeutic action.

Dosage: One-half to one tablet twice daily — preferably in the morning and before retiring. The maintenance dose should be adjusted according to the therapeutic response. Use with caution in patients with prostatic hypertrophy and only with ophthalmological supervision in glaucoma. Supplied: In bottles of 60 black-and-white scored tablets. Prescription only.

References: 1. Hock, C. W.: Am. J. Gastroenterol. 34:293 (Sept.) 1960. 2. Leming, B. H., Jr.: Clin. Med. 6:423 (Mar.) 1959. 3. Data in Roerig Medical Department files.



ANNOUNCING—
SPECIFICALLY FOR
INFECTIONS DUE TO
"RESISTANT" STAPHYLOCOCCI

AN ENTIRELY NEW SYNTHETIC "STAPH-CIDAL" PENICILLIN

Staple IIII

UNIQUE—BECAUSE IT
RETAINS ANTIBACTERIAL
ACTIVITY IN THE PRESENCE OF
STAPHYLOCOCCAL PENICILLINASES
WHICH INACTIVATE
OTHER PENICILLINS



STAPHCILLIN[™]

(sodium dimethoxyphenyl penicillin)
For Injection

DESCRIPTION

STAPHCILLIN is a unique new synthetic parenteral penicillin produced by Bristol Laboratories for the specific treatment of staphylococcal infections due to resistant organisms. Its uniqueness resides in its property of resisting inactivation by staphylococcal penicillinase. It is active against strains of staphylococci which are resistant to other penicillins.

Each dry filled vial contains: 1 Gm. STAPHCILLIN (sodium dimethoxyphenyl penicillin), equivalent to 900 mg. dimethoxyphenyl penicillin activity.

INDICATIONS

STAPHCILLIN is recommended as specific therapy only in infections due to strains of staphylococci resistant to other penicillins, e.g.:

Skin and soft tissue infections: cellulitis, wound infections, carbuncles, pyoderma, furunculosis, lymphangitis and lymphadenitis.

Respiratory infections: staphylococcal lobar or bronchopneumonia, and lung abscesses combined with indicated surgical treatment.

Other infections: staphylococcal septicemia, bacteremia, acute or subacute endocarditis, acute osteomyelitis and enterocolitis.

Infections due to penicillin-sensitive staphylococci, streptococci, pneumococci and gonococci should be treated with Syncillin® or parenteral penicillin G rather than STAPHCILLIN. Treponemal infections should be treated with parenteral penicillin G.

DOSAGE AND ADMINISTRATION

STAPHCILLIN is well tolerated when given by deep intragluteal or intravenous injection.

As is the case with other antibiotics, the duration of therapy should be determined by the clinical and bacteriological response of the patient. Therapy should be continued for at least 48 hours after the patient has become afebrile, asymptomatic and cultures are negative. The usual duration has been 5-7 days.

Intramuscular route: The usual adult dose is 1 Gm. every 4 or 6 hours. Infants' and children's dosage is 25 mg. per Kg. (approximately 12 mg. per pound) every 6 hours.

Intravenous route: 1 Gm. every 6 hours using 50 ml. of sterile saline solution at the rate of 10 ml. per minute.

*Warning: Solutions of STAPHCILLIN and kanamycin should not be mixed, as they rapidly inactivate each other. Data on the results of mixing STAPHCILLIN with other antibiotics are being accumulated.

DIRECTIONS FOR RECONSTITUTION

Add 1.5 ml. sterile distilled water or normal saline to a 1 Gm. vial and shake vigorously. Withdraw the clear, reconstituted solution (2.0 ml.) into a syringe and inject. The reconstituted solution contains 500 mg. of Staphcillin per ml. Reconstituted solutions are stable for 24 hours under refrigeration.

For intravenous use, dilute the reconstituted dose in 50 ml. of sterile saline and inject at the rate of 10 ml. per minute.

*This statement supersedes that in the Official Package Circulars dated September and/or October, 1960.

MICROBIOLOGICAL AND PHARMACOLOGICAL PROPERTIES

In vitro studies show that Staphcillin is a bactericidal penicillin with activity against staphylococci resistant to penicillin G. Strains of staphylococci so far tested have been sensitive to Staphcillin in vitro at concentrations of 1-6 mcg. per ml. These levels are readily attained in the blood and tissues by administration of Staphcillin at the recommended dosage. This unique attribute is probably due to the fact that Staphcillin is stable in the presence of staphylococcal penicillinase. Staphcillin also resists degradation by B. cereus penicillinase. The antimicrobial spectrum of Staphcillin with regard to other microorganisms is qualitatively similar to that of penicillin G; but considerably higher concentrations of Staphcillin are required for bactericidal activity than is the case with penicillin G.

STAPHCILLIN is rapidly absorbed after intramuscular injection. Peak blood levels (6-10 mcg./ml. on the average after a 1.0 Gm. dose) are attained within 1 hour; and then progressively decline to less than 1 mcg. over a 4 to 6 hour period. It is poorly absorbed from the gastro-intestinal tract. STAPHCILLIN is rapidly excreted by the kidney.

As shown by animal studies, STAPHCILLIN is readily distributed in body tissues after intramuscular injection. Of the tissues studied, highest concentrations are reached in the kidney, liver, heart and lung in that order; the spleen and muscles show lower concentrations of the antibiotic. STAPHCILLIN diffuses into human pleural and prostatic fluids, but its diffusion into the spinal fluid has not yet been completely studied. However, one patient with meningitis showed a significant concentration in his spinal fluid while on STAPHCILLIN therapy.

Toxicity studies with STAPHCILLIN and penicillin G in animals show that they have approximately the same low order of toxicity.

Certain staphylococci can be made resistant to STAPHCILLIN in the laboratory, but this resistance is not related to their penicillinase production. During the clinical trials, no STAPHCILLIN-resistant strains of staphylococci were observed or developed; the possibility of the emergence of such strains in the clinical setting awaits further observation.

PRECAUTIONS

During the clinical trials, several mild skin reactions, e.g., itching, papular eruption and erythema were observed both during and after discontinuance of Staphcillin therapy. Patients with histories of hay fever, asthma, urticaria and previous sensitivity to penicillin are more likely to react adversely to the penicillins. It is important that the possibility of penicillin anaphylaxis be kept in mind. Epinephrine and the usual adjuvants (antihistamines, corticosteroids) should be available for emergency treatment. Because of the resistance of Staphcillin to destruction by penicillinase, parenteral B. cereus penicillinase may not be effective for the treatment of allergic reactions. Information with regard to cross-allergenicity between penicillin G, penicillin V, phenethicillin (Syncillin) and Staphcillin is not available at present. If superinfection due to Gram-negative organisms or fungi occurs during Staphcillin therapy, appropriate measures should be taken.

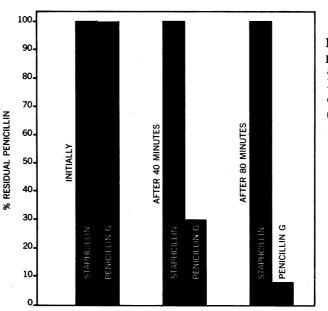
SUPPLY

List 79502 - 1.0 Gm. dry filled vial.

BRISTOL LABORATORIES • SYRACUSE, NEW YORK
Division of Bristol-Myers Company

SYNTHETIC "STAPH-CIDAL" PENICILLIN

UNIQUE



In the presence of staphylococcal penicillinase, STAPHCILLIN remained active and retained its antibacterial action. By contrast, penicillin G was rapidly destroyed in the same period of time.

(After Gourevitch et al., to be published)

Specifically for "resistant" staph... Staple of the stand of the stan

The failure of staphylococcal infections to respond to penicillin therapy is attributed to the penicillin-destroying enzyme, penicillinase, produced by the invading staphylococcus.

FOR INJECTION

Unlike other penicillins:

- 1 STAPHCILLIN is effective because it retains its antibacterial activity despite the presence of staphylococcal penicillinase.
- 2 The clinical effectiveness of STAPHCILLIN has been confirmed by dramatic results in a wide variety of infections due to "resistant" staphylococci, many of which were serious and life-threatening.

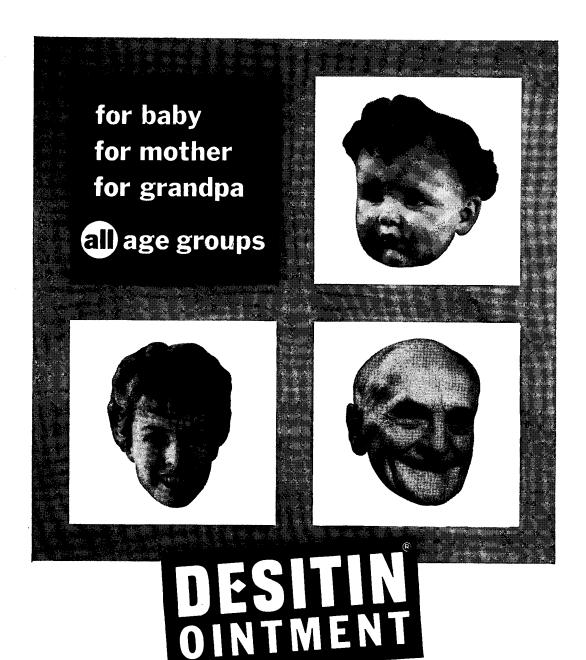
Like other penicillins:

STAPHCILLIN has no significant systemic toxicity. It is well tolerated locally, and pain or irritation at the injection site is comparable to that following the injection of penicillin G. In occasional cases, typical penicillin reactions may be experienced.

PROFESSIONAL INFORMATION SERVICE—The attached Official Package Circular provides complete information on the indications, dosage, and precautions for the use of Staphcillin. If you desire additional information concerning clinical experiences with Staphcillin, the Medical Department of Bristol Laboratories is at your service. You may direct your inquiries via collect telephone call to New York, PLaza 7-7061, or by mail to Medical Department, Bristol Laboratories, 630 Fifth Ave., N. Y. 20, N. Y.

BRISTOL LABORATORIES · SYRACUSE, NEW YORK

Division of Bristol-Myers Company



to soothe, protect,

lubricate, and stimulate healing in

rash • chafing • irritations lacerations • ulcerations • burns

DESITIN OINTMENT...

the pioneer external cod liver oil therapy for care of the skin in every member of the family

Request samples from ...



DESITIN CHEMICAL COMPANY

812 Branch Avenue, Providence 4, R. I.



In a nation-wide clinical trial, 183 physicians have reported on the first 1000 cases of allergy and/or pruritus treated with Forhistal. In the 539 cases in which a comparison was made, Forhistal was judged better than previous therapy in 8 out of 10 patients. Watch your mail for more details of this important study, and for complete information about Forhistal, including dosage, side effects (such as drowsiness) and cautions.

SUPPLIED: Tablets, 1 mg. (pale orange, scored). Lontabs, 2.5 mg. (orange). Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon. Pediatric Drops (pink), containing 0.5 mg. Forhistal maleate per 0.6 ml.

FORHISTAL® maleate (dimethpyrindene maleate CIBA) LONTABS® (long-acting tablets CIBA)



Forhistal[®] rated better than previous therapy in 8 cases out of 10

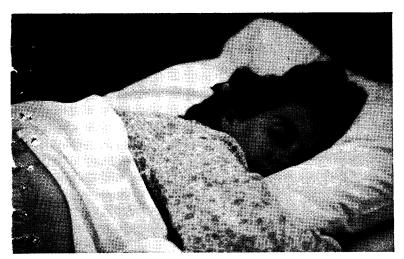
2/2872MK-1



After a history and a physical ruled out organic disease, the physician diagnosed the case as recurring states of anxiety. To relieve these symptoms for this busy, on-the-go housewife, he prescribes Meprospan-400, the *only* meprobamate in *sustained-release* form.



Calm and relaxed, the patient is no longer upset by the pressures and irritations met in everyday life, nor is she likely to be incapacitated by autonomic disturbances, drowsiness, ataxia or other untoward reactions.



Peacefully asleep, the patient enjoys beneficial rest... Meprospan-400 has relieved the tensions that previously prevented sleep or kept her tossing and turning throughout the night.



As directed, the patient takes one Meprospan-400 capsule at breakfast. Her symptoms of tension and nervousness are soon relieved, and she will not have to remember to take another capsule until dinnertime.



Alert and attentive, the patient participates in a P.T.A. meeting, following her second capsule of Meprospan-400 taken with the evening meal. Meprospan-400 does not decrease her mental efficiency or interfere with her normal activities or behavior.

most widely prescribed tranquilizer... most convenient dosage form...

ONE CAPSULE LASTS 12 HOURS

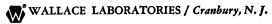
Meprospan^e-400

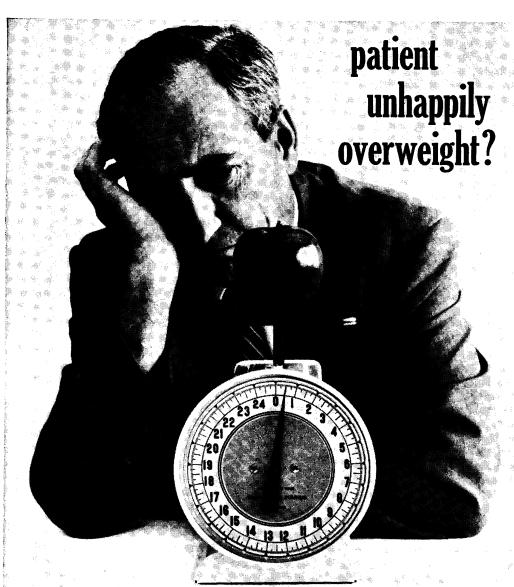
400 mg. MILTOWN® SUSTAINED-RELEASE CAPSULES

Usual dosage: One capsule at breakfast lasts all day, one capsule with evening meal lasts all night. Supplied: Meprospan-400, each blue-topped sustained-release capsule contains 400 mg. Miltown. Also available: Meprospan-200, each yellow-topped sustained-release capsule contains 200 mg. Miltown. For children: Capsules can be opened and the coated granules mixed with soft foods or liquids.

Both potencies in bottles of 30.

Samples and literature available on request.





minimize care and eliminate despair with 'METHEDRINE'

brand Methamphetamine Hydrochloride

Controls food craving, keeps the reducer happy—In obesity, "our drug of choice has been methedrine... because it produces the same central effect with about one-half the dose required with plain amphetamine, because the effect is more prolonged, and because undesirable peripheral effects are significantly minimized or entirely absent." Literature available on request.

Supplied: Tablets 5 mg., scored. Bottles of 100 and 1000.

Douglas, H. S.: West, J. Surg. 59:238 (May) 1951.

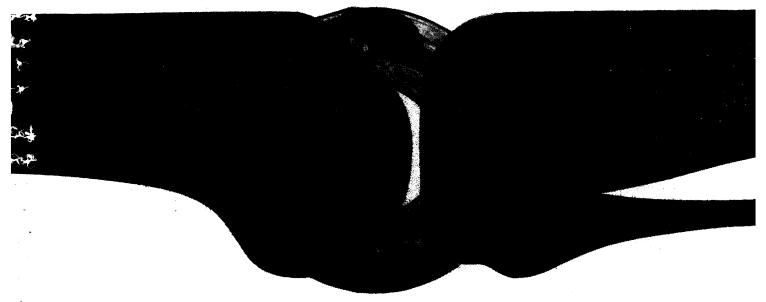


BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York

brand of phenylbutazone

Geigy

in arthritis and allied disorders

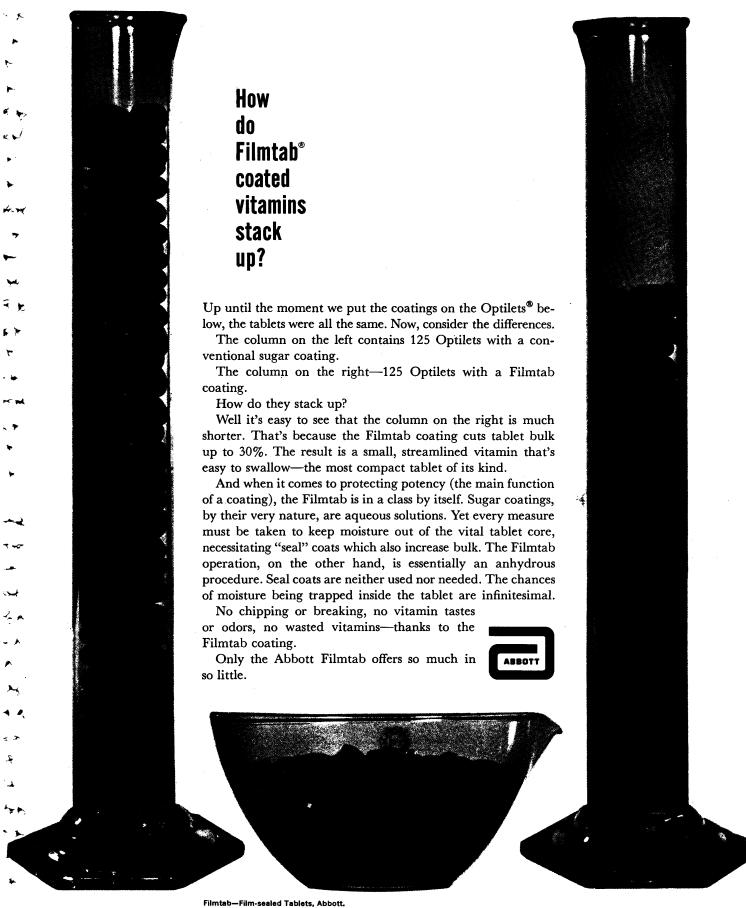


Ten years of world-wide experience...almost 2000 published reports...have progressively entrenched Butazolidin as the leading nonhormonal antiarthritic agent.

In virtually all forms of arthritic disorder, Butazolidin affords prompt symptomatic and objective improvement without development of tolerance... without danger of hypercortisonism.

Butazolidin[®], brand of phenylbutazone, tablets of 100 mg.; Butazolidin[®] alka capsules containing Butazolidin, 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York
BU 564-61



Abbott Vitamins Stay On the Table

MAINTENANCE FORMULAS

DAYTEENS™ To help insure optiomal nutrition in growing teenagers

Each Filmtab® represents:

Vitamin A (5000 units) 1.5 mg.
Vitamin D (1000 units) 25 mcg.
Thiamine Mononitrate (B ₁) 2 mg.
Riboflavin (B ₂) 2 mg.
Nicotinamide 20 mg.
Pyridoxine Hydrochloride 0.5 mg.
Cobalamin (Vitamin B ₁₂) 2 mcg.
Calcium Pantothenate 5 mg.
Ascorbic Acid (C) 50 mg.
Iron (as sulfate) 10 mg.
Copper (as sulfate) 0.15 mg.
Iodine (as calcium iodate) 0.1 mg.
Manganese (as sulfate) 0.05 mg.
Magnesium (as oxide) 0.15 mg.
Calcium (as phosphate) 250 mg.
Phosphorus (as calcium phosphate) 193 mg.
In table bottles of 100, bottles of 250 & 1000

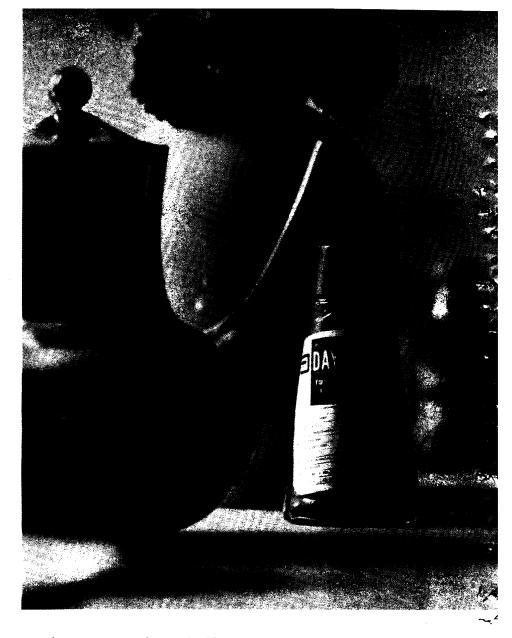
DAYALETS® Extra-potent maintenance formulas, ideal for the nutritionally "run-down"

Each Filmtab® represents:

Vitamin A 3 mg. (10,000	
Vitamin D	units)
Thiamine Mononitrate	5 mg.
Riboflavin	5 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	2 mg.
Cobalamin (Vitamin B ₁₂)	2 mcg.
Calcium Pantothenate	5 mg.
Ascorbic Acid 1	00 mg.
In table battles of 100, battles of EO, 250 \$ 1000	

DAYALETS-M® Each Filmtab represents all the vitamins of Dayalets plus the following:

Iron (as sulfate)	. 10	mg
Copper (as sulfate)		
lodine (as calcium iodate)	0.15	mg
Cobalt (as sulfate)	. 0.1	mg.
Manganese (as sulfate)	1	mg
Magnesium (as oxide)	5	mg
Zinc (as sulfate)	. 1.5	mg
Molybdenum (as sodium molybdate)	. 0.2	mg
In Anhla halling of 100 a 050 halling of 1000		



...in attractive daily-reminder table-bottles

THERAPEUTIC FORMULAS

OPTILETS® Therapeutic formulas for more severe deficiencies—illness, infection, etc.

Each Filmtab® represents:

Vitamin A 7.5 m	ng.(25,000 units)
Vitamin D 25 m	icg. (1000 units)
Thiamine Hydrochloride	10 mg.
Riboflavin	5 mg.
Nicotinamide	100 mg.
Pyridoxine Hydrochloride	
Cobalamin (Vitamin B ₁₂)	6 mcg.
Calcium Pantothenate	20 mg.
Ascorbic Acid	200 mg.
In table bottles of 30 & 100, bottles of 100	0

OPTILETS-M® Each Filmtab represents all the vitamins of Optilets plus the following:

Iron (as sulfate)	10	mg
Copper (as sulfate)	. 1	mg
lodine (as calcium iodate)	0.15	mg
Cobalt (as sulfate)	0.1	mg
Manganese (as sulfate)	. 1	mg
Magnesium (as oxide)		
Zinc (as sulfate)	1.5	mg
Molybdenum (as sodium molybdate)	0.2	mg
In table bottles of 30 & 100, bottles of 1000		

SUR-BEX® WITH C Therapeutic B-complex with C, for convalescence, stress, post-surgery. Each Filmtab® represents:

Riboflavin 6 mg Nicotinamide 30 mg Pyridoxine Hydrochloride 2.5 mg Cobalamin (Vitamin Bı2) 2 mcg Calcium Pantothenate 10 mg Ascorbic Acid 150 mg Desiccated Liver, N.F. 150 mg Liver Fraction 2, N.F. 150 mg Brewer's Yeast Dried 150 mg	Thiamine Mononitrate	6 mg.
Pyridoxine Hydrochloride 2.5 mg Cobalamin (Vitamin B ₁₂) 2 mcg Calcium Pantothenate 10 mg Ascorbic Acid 150 mg Desiccated Liver, N.F. 150 mg Liver Fraction 2, N.F. 150 mg		
Cobalamin (Vitamin B ₁₂) 2 mcg Calcium Pantothenate 10 mg Ascorbic Acid 150 mg Destccated Liver, N.F. 150 mg Liver Fraction 2, N.F. 150 mg	Nicotinamide	30 mg.
Calcium Pantothenate 10 mg Ascorbic Acid 150 mg Desiccated Liver, N.F. 150 mg Liver Fraction 2, N.F. 150 mg	Pyridoxine Hydrochloride	2.5 mg.
Calcium Pantothenate 10 mg Ascorbic Acid 150 mg Desiccated Liver, N.F. 150 mg Liver Fraction 2, N.F. 150 mg	Cobalamin (Vitamin B ₁₂)	2 mcg.
Desiccated Liver, N.F		
Liver Fraction 2, N.F	Ascorbic Acid	150 mg.
	Desiccated Liver, N.F	150 mg
Brewer's Yeast Dried 150 mg	Liver Fraction 2, N.F	150 mg
	Brewer's Yeast Dried	150 mg

in table bottles of 60, bottles of 100, 500 & 1000

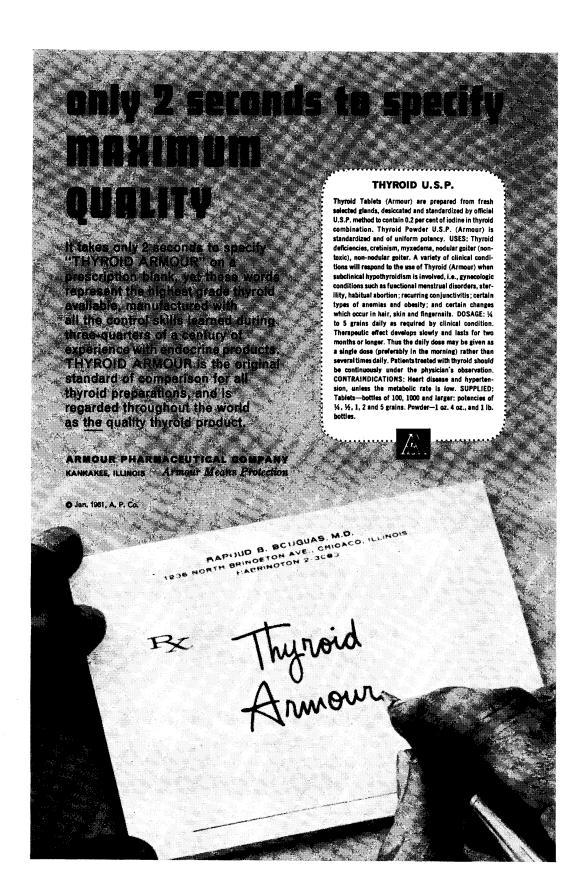


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FOR SIMULTANEOUS IMMUNIZATION against 4 diseases:

Poliomyelitis-Diphtheria-Fertusius-Tetanus

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DIPHTHERIA AND TETANUS TOXOIDS WITH PERTUSSIS AND POLIOMYELITIS VACCINES

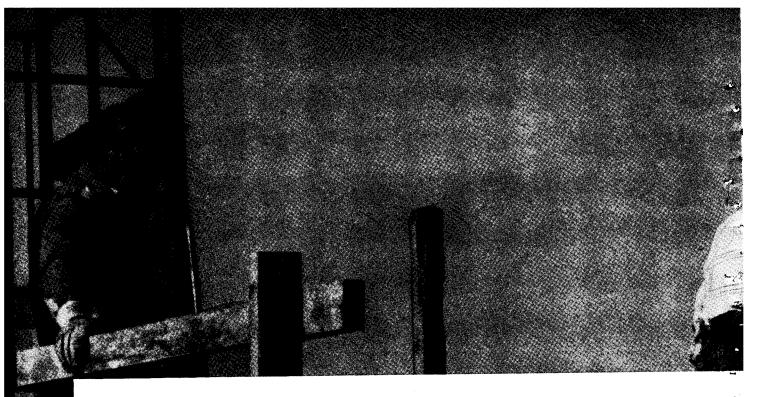
now you can immunize against more diseases...with fewer injections

Supplied: 9 cc. vials in clear plastic cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even if carten is discarded.



For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug. Unlike most other muscle relaxants, which can only relax muscle tension, Soma attacks both phases of the pain-spasm cycle at the same time.

Thus with Soma, you can break up both

pain and spasm fast, effectively...help give your patient the two things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.

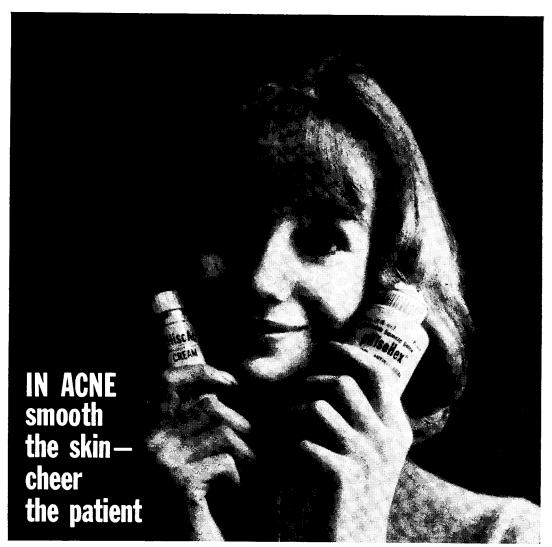
The muscle relaxant with an independent pain-relieving action



(carisoprodol, Wallace)

Wallace Laboratories, Cranbury, New Jersey





Use of pHisoHex for washing the skin augments any other therapy for acne — brings better results. Now, pHisoAc Cream, a new acne remedy for topical application, suppresses and masks lesions — dries, peels and degerms the skin. Together, pHisoHex and pHisoAc provide **basic** complementary topical therapy for acne.

pHisoHex, antibacterial detergent with 3 per cent hexachlorophene, removes soil and oil better than soap — provides **continuous** degerming action when used often. pHisoHex is nonalkaline, nonirritating and hypoallergenic. When pHisoAc Cream is used with pHisoHex washings, it unplugs follicles, helps prevent

development of comedones, pustules and scarring. New pHisoAc Cream is flesh-toned, not greasy. It contains colloidal sulfur 6 per cent, resorcinol 1.5 per cent, and hexachlorophene 0.3 per cent in a specially prepared base. pHisoAc is pleasant to use.

A new "self-help" booklet, Teen-aged? Have acne? Feel lonely?, gives important psychologic first aid for patients with acne and describes the proper use of pHisoHex and pHisoAc. Ask your Winthrop representative for copies.

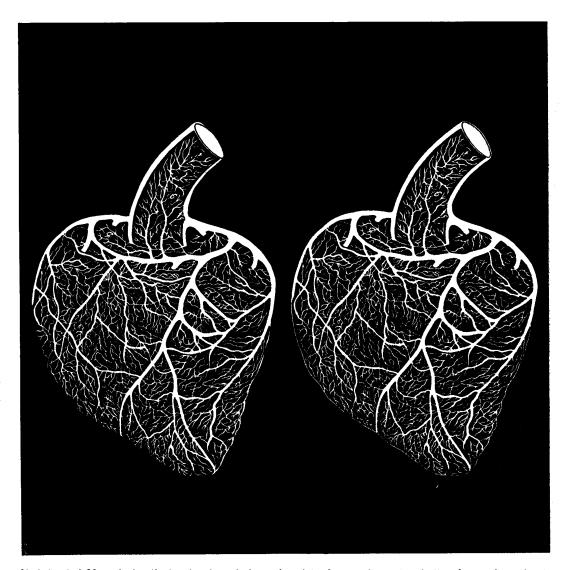
pHisoAc is available in $1\frac{1}{2}$ oz. tubes and pHisoHex is available in 5 oz. plastic squeeze bottles and in bottles of 16 oz.

pHisoHex® and pHisoAc for acne

Winthrop

LABORATORIES

New York 18, N. Y.



Clark treated 31 anginal patients who showed signs of anxiety, fear, excitement and other forms of emotional stress. On CARTRAX, all 31 fared better than they had on previous therapy... as judged both by subjective reports and by reduced nitroglycerin requirements.*

CARTRAX combines PETN (for prolonged vasodilation) with ATARAX (the tranquilizer preferred for angina patients because of its safety and mild antiarrhythmic properties). Thus, CARTRAX helps you to cope with both components of angina pectoris-circulatory and emotional.

For a better way to help your angina patients relax, prescribe CARTRAX.

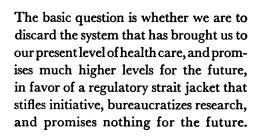
*Clark, T. E., in press.

PETN[†] + ATARAX[®]ti Dosage: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. For dosage flexibility, CARTRAX "20" (pink) tablets (20 mg. PETN plus 10 mg. ATARAX) may be utilized at a level of one tablet three to four times a day. The tablets should be administered before meals for optimal response. For convenience, write "CARTRAX 10" or "CARTRAX 20." As with all nitrates, use with caution in glaucoma. use with caution in glaucoma. Supplied: In bottles of 100. Prescription only.



New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being™

† pentaerythritol tetranitrate †† brand of hydroxyzine



You can't go places in a strait jacket...!

An editorial writer recently made the interesting suggestion that the pharmaceutical industry might have avoided much of the current public interest in its affairs if they had simply restricted themselves to making aspirin tablets and rubbing alcohol, competing only by debating which aspirin dissolves faster. • No one has seriously suggested a return to the "good old days" in therapeutics, but there are apparently some who would like to destroy the system that has produced for us the finest medical care in the history of the world. Whether they attack the freedom of the patient to choose his physician, the freedom of the physician in the practice of his profession, or the freedom of the pharmaceutical industry is immaterial. • If the desideratum is simply maintenance of the status quo in health care, medicine might well have rested on its 19th century laurels and the This message is brought to you on behalf of the pharmaceutical industry on aspi-

rin tablets and rubbing alcohol.

Inis message is orought to you on ochaif of the producers of prescription drugs as a service to the medical profession. For additional information, please write Pharmaceutical Manufacturers Association, 1411 K Street, N.W., Washington 5, D. C.

the new Isolyte Family

A MODERN CONCEPT IN FLUID REPLACEMENT

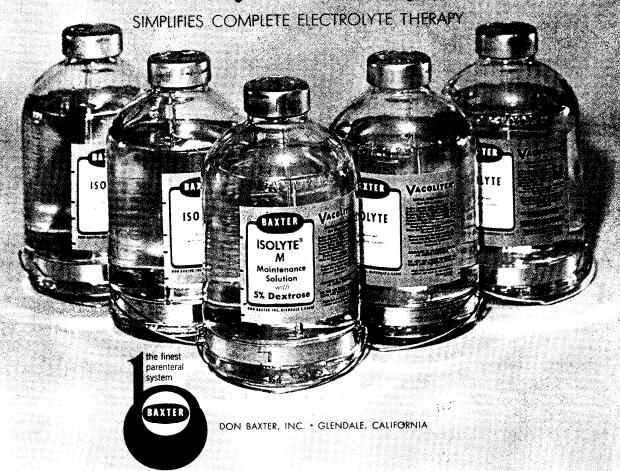


ISOLYTE® SOLUTIONS

Composition per Liter

ISOLITE SOLUTIONS		Configuration per passes											
	Dextrose Gm.	Milliegulvalents									Catories		
Solution		Na+	K+ Ca++	Mg++	NHJ+.	CI-	Lact	Acet-	Cita	HPO.	Lateries	mu.	
Isolyte® M. Maintenance with 5% Dextrose For routine maintenance in adults and older children	50	40	35	-			40	20	-	1	15	180	400
Isolyte P Pediatric Maintenance For routine maintenance in infants and younger children	50	25	20	-	3.	-	22	23	-	-	3	180	35(
Isolyte E Extracellular Replacement in Water For replacement of intravascular, interstitial, transcellular losses other than gastric		140	10	5	3	-	103		47	8		10	320
Isolyte E Extracellular Replacement with 5% Dextrose For use as above	50	140	10	-5	3	-	103	16 16 17 17 16 17 17 16 17 17	47	8	_	180	570
Isolyte G Gastric Replacement with 10% Dextrose For replacement of gastric loss due to suction or vomiting	100	63	17		- - 	70	150	-	_	-	-	340	80
Also 2 New Potassium Solutions: Kadalex® L (20 mEq. K+ and CI-/L.) 0.15% Potassium Chloride with 5% Dextrose in Water	50	-	20			-	20	12 (2) 2 1 (3) 2 1 (3) 3 1 (3) 3	-	-	-	170	29
Kadalex M (40 mEq. K+ and Cl-/L.) 0.3% Potassium Chloride with 5% Dextrose in Water	50	-	40		-	4	40	-	-	₩.	_	170	33

the new Isolyte® Family





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STAFF PHYSICIAN for 150-bed general hospital. Experience in general practice. Salary \$821.00 to \$1,000.00 plus vacation, sick leave, retirement. Must have California license. Apply to Director of Health and Medical Services, Madera County Hospital, Madera, California.

GENERAL PRACTITIONER—or E.E.N.T., Internal Medicine or Anesthesiologist willing to do general practice also—for community hospital (not gov't.) on Hoopa Indian Res. Direct service prepayment plan, group practice for comprehensive medical care. Enjoy the values of rural living. Write Richard Ricklefs, M. D., Administrator, Klamath-Trinity Hospital, Hoopa, Calif.

WANTED: GENERALISTS AND SPECIALISTS. California licensed for clinics, associations and partnerships. We cover all areas of the State. Hospital facilities and housing checked for you. Information gladly. CONTINENTALPACIFIC COAST MEDICAL BUREAU, Agency, 430 North Camden Drive, Beverly Hills, California, or 703 Market St., San Francisco.

PATHOLOGY Residencies available beginning Jan., April and July 1961 in large VA teaching hospital now activating a new Palo Alto division, to include by January 1961 approx. 250 Medicine and Surgery beds with special Dermatology unit, 141 Neurology beds, 150 Geriatrics beds and 175 Acute Psychiatry beds. Hospital will reach load of 2160 by enlargement of all departments. Residency programs integrated with those of Stanford University. Research activities encouraged. Excellently staffed and equipped laboratory headed by pathologist certified in AP & CP. Salaries \$291-497/mo., with \$582-886/mo for VA career residents. Inquire of Executive, Department of Pathology, Stanford University School of Medicine, Stanford, California.

OTOLARYNGOLOGISTS, Board eligible, for outstanding groups, Southern California and Valley town. OBSTETRICIAN-GYNECOLOGISTS, under 40, certified or eligible, three-man team, generous salary, potential partnership, coastal town; excellent association San Francisco Peninsula for Board Certified or eligible man to age 35—salary for first year, then partnership; and also choice opening in Southern California. ORTHOPEDISTS, exceptional opportunities in San Diego, San Francisco Peninsula and East Bay. UROLOGIST, Bay area association. INTERNIST, young, for Southern California group. CLINICAL RESEARCH—for top pharmaceurical company—Eastern location. SPANISH SPEAKING GENERAL PRACTITIONER for Association, salary, future partnership. GENERAL PRACTITIONER sexceptional opportunities throughout California. Norma Rohl, THE MEDICAL CENTER AGENCY, FLOOD BUILDING, Suite 410-414, 870 Market Street, San Francisco 2, YU 2-3412.

WANTED: Psychiatrists for 2,000 bed VA Hospital, Palo Alto, California in San Francisco Bay Area, immediately adjacent to Stanford University with close teaching affiliation with the medical school. Progressive treatment program and full supporting staff with opportunities for research. Salary \$10,635 to \$13,730 per annum plus 15% if Board certified, depending on training and experience. Board diplomate or Board eligible required. Travel and shipment household goods may be authorized. Licensure any state acceptable. Write: Manager, VA Hospital, Palo Alto, Calif.

E.N.T., OPHTHALMOLOGIST, PSYCHIATRIST & UROLOGIST. Excellent opportunity in Orange County, Calif. Box 95,710, California

GENERAL PRACTITIONER FOR LOCUM TENENS from April through September in Southern California Desert Area. Must qualify to replace present G. P. in all respects. Opportunity for later partnership if desired. Write Box No. 95,715, California Medicine.

ASSOCIATES WANTED

YOUNG DOCTOR WANTED. Well-established doctor in general practice would like to help young doctor get started. Glenn R. Dorius, M.D., 3001 High Street, Oakland, Calif.

PEDIATRICIAN desired for independent practice in association with two established Obstetricians. Southern California. Box 95,720, California Medicine.

G. P. ASSOCIATE WANTED: South San Joaquin Valley, near Bakers-field. Good hospital facilities, pleasant working conditions. Experience and/or interest in anesthesia desirable. Financial arrangements open. California licensure a must. Write: William Wheaton, M.D., 733 Third St., McFarland, Calif.

YOUNG G.P. DESIRED—leading to full partnership. Excellent type practice, near Rose Bowl. No capital needed. Will hold till summer for right doctor. Box 95,725, California Medicine.

LONG BEACH—L. A. COUNTY: Expanding six-man group, consisting of 2 GP's, 1 internist, 1 OB-GYN, 1 pediatrician, 1 surgeon, ages 30-40. Southern Calif. Coastal city, 2 medical bldgs., fully equipped, large new residential area; good hospital and schools, all recreational, educational and cultural facilities in the area. Age 30-40 male, married; \$1,200 p/m, % after one year, partnership in two years. Robert Gumbiner, M.D., 2925 N. Palo Verde Avenue, Long Beach; HArrison 9-5959.

SITUATIONS WANTED

G.P.—33, W/M, experienced, married, veteran, California license, U. S. trained, seeks opportunity in California. Box 95,665, California Medicine.

DERMATOLOGIST, U. S. graduate, Spanish speaking, California licensed, well qualified, wishes association with dermatologist or medical group, preferably in Southern California. Dr. Jose G. Reyes, 1317 Bolton Road, Pelham Manor, N. Y.

BOARD CERTIFIED INTERNIST AND CARDIOLOGIST. 35. Trained at Harvard and Mayo Clinic. Now University instructor in England. California license. Interested in practice, Director of Medical Education. Please write air-mail to: Ardmore, Church Road; Osterley, Middlesex, England.

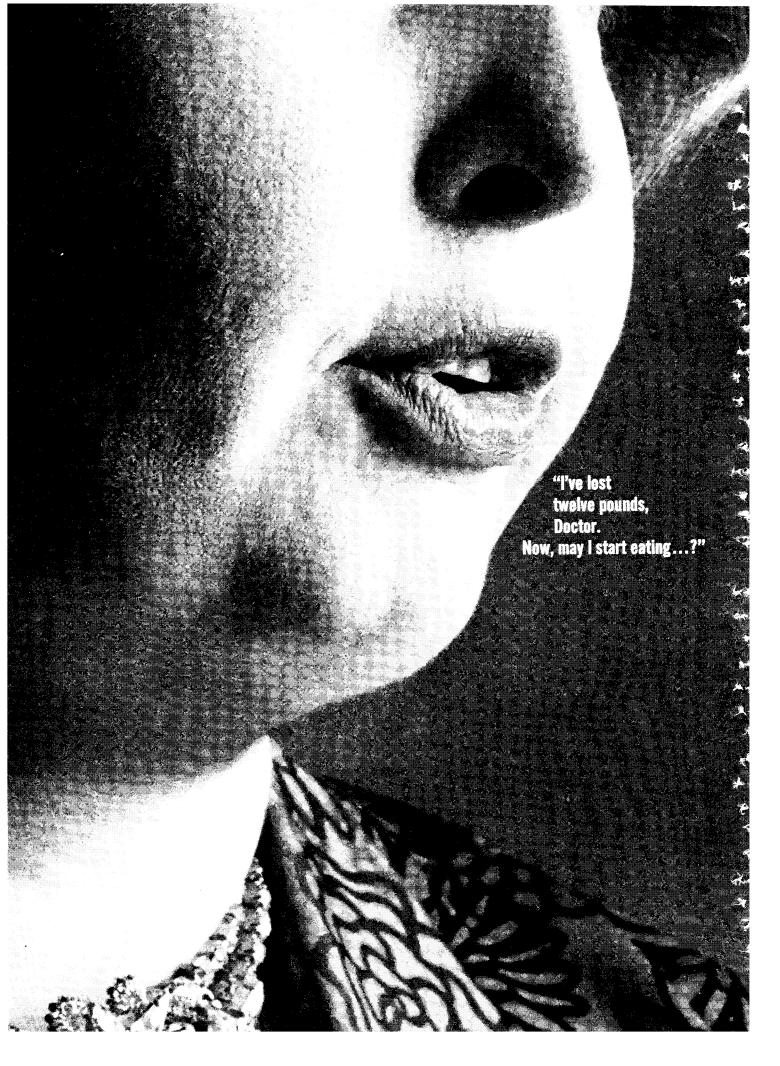
PRACTICES FOR SALE

FOR SALE: GENERAL PRACTICE, and home with office adjoining. Refrigeration. Desert area, boating, fishing and hunting. Hospital available. \$30,000, terms. Collections should exceed this in one year. Box 95,650, California Medicine.

VERY ACTIVE GENERAL AND INDUSTRIAL MEDICAL PRACTICE in a suburb of Los Angeles near ocean and Palos Verdes. Five hospitals within 3 miles from office. Gross \$80,000. Will easily support group of 3 general practitioners or OB, internist and surgeon. Modern, fully-equipped medical building. 2,000 sq. ft. X-ray lab. Parking for 10 cars. Reasonable terms. Box 95,615, California Medicine.

LEAVING ACTIVE GENERAL PRACTICE for residency. Price is extremely reasonable as I must leave by June 1, 1961. Located in Salinas, California . . . write Box 26, Carmel Valley, Calif.

(Continued on Page 78)



"crash diets" do <u>not</u> solve the basic patient problem: habitual overeating

In the treatment of chronic obesity, "fad diets" are not the answer. Your patients may suffer adverse somatic as well as psychic effects from alternating weight loss and gain.

At the conclusion of a "crash-diet" program, the patient often falls back into familiar habits of overeating The problem, therefore, remains the same.

The process of eliminating pounds in the chronically obese should be gradual. To accomplish this, obviously, new patterns of eating must be established.

BAMADEX tablets help the patient be satisfied on a diet which will cause him to lose weight. BAMADEX tablets combine two specific agents to overcome the habitual overeating in the chronically obese... the outstanding appetite suppressant, d-amphetamine, balanced with the tranquilizer, meprobamate. BAMADEX tablets help the recalcitrant patient keep within his prescribed caloric limits. It does this by curbing between-meal hunger, fatigue, nervousness, insomnia, and dizziness, which may lead to failure in diet reduction.

BALL BETS Reprobamate with d-amphetamine sulfate Lederle Reprobamate With d-amphetamine sulfate Lederle TABLETS

BAMADEX Tablets: Each coated tablet (pink) contains: d-amphetamine sulfate, 5 mg.; meprobamate, 400 mg. dosage: 1 tablet one-half to one hour before each meal. Higher dosage may be required in certain cases. precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or who are severely hypertensive. supplied: Bottles of 100 and 1,000.



CLASSIFIED ADVERTISEMENTS

(Continued from Page 75)

OFFICES FOR LEASE, RENT OR SALE

MODERN MEDICAL BLDG. in Delano. Beautifully landscaped, 2155 sq. ft., 3 blks. from hospital. Plenty of parking plus carport. Recpt. rm., off., nurses sta., cons. rm, x-ray rm., dev. rm., lab., surg., gyn., 3 treat. rms., 2 recovery rms., dress. & stor. rm., 2 lav., \$240 mo., liberal free rent allowed with lease. Write Hector Byrne, 1407 Jefferson St., Delano, Calif.

ALMOST NEW BUILDING of 2100 sq. ft.; will remodel or divide to suit, in area of approximately 25,000 people in need of doctor, at reasonable lease. Z. A. Nolan, Realtor, 1051 West Second St., San Bernardino, Calif.

NEW MEDICAL OFFICE now available in established medical center, located in Santa Clara Valley, one of California's fastest growing metropolitan areas. Contact Dr. Dante Salera for any further information: 18971 Greenbrook Court, Saratoga, California; phone ALpine 2-4842.

DOCTOR'S SUITE FOR RENT in San Diego, Calif. Excellent location. Reasonable rent. 750 sq. ft. with common waiting room, ample parking, growing community, close to hospital. Edgar L. Guinn, M.D., 50751/2 Logan Avenue, San Diego 13, Calif. Phone: CO 2-8621.

DOCTOR (general practice) community of Pismo Beach, Calif., population of 20,000 within a three-mile radius in one of the fastest growing areas of state; excellent location for automobile and foot traffic; pharmacy across street. Building now under construction, arrangement of office possible. Contact: Floyd C. Jones, 761 Dolliver St., Pismo Beach, Calif.

WANTED: DERMATOLOGIST, UROLOGIST & QUALIFIED SURGEON for new Medical Building, suites 1,000 sq. ft. each, in Santa Maria, California, drawing population of 50,000 with future growth located near Vandenberg, AFB. Please contact, R. C. Randall, M.D., 201 West Mill St., Santa Maria, Calif. Phone WA 5-4066.

MEDICAL OFFICES AVAILABLE in ultra-modern new medical center in booming Orange County. Ideal for Pediatrics and other specialties. Write: Garden Medical Center, 10722 Katella Ave., Garden Grove, Calif. Phone: PR 2-5656 or LE 9-1113. MEDICAL SUITE AVAILABLE. Medical-Dental Center, Belvedere, California. Desirable location—reasonable rent. Phone GEneva 5-4710.

DOCTOR'S OFFICE FOR SALE, Santa Cruz, California. 1510 Seabright Ave. Building, furniture, equipment and supplies all first class. Beautifully landscaped large lot. Two units easily added for group. Main boulevard, bus service. Midway between two hospitals. This location property values rapidly increasing. University of California recently chose site for Associated College here promising rapid population growth. Easy terms for right party. Retired. Ernest M. Johnstone, M.D., F.A.C.S. Phone: GArden 3-6295, eight to ten mornings.

COMPLETE FURNISHINGS and equipment for offices; reception, consultation and two examination and treatment rooms. Reasonable, modern, well-located offices available at attractive rental. Will introduce. Retiring. Paul T. Quarry, M.D., F.A.C.S. Hamlin Bldg., 600 B St. Santa Rosa, Calif.

EQUIPMENT FOR SALE

GENERAL ELECTRIC Vertical Fluoroscopic X-Ray, Model LRT 1954, little used and in good condition. Write or phone Karl F. Weiss, 222 West Willow St., Visalia, California. Phone REdwood 4-4518.

PICKER 2-col 220 KV 300 hours, like new. Phillips Contact, as is. Cheap. P.O. Box 467, Santa Rosa, Calif. Telephone Liberty 5-4896.

PROJECTOR, Spencer Delineascope, current Model GK, American Optical Company's finest professional projector for 2 x 2 and 2½ x 2½ slides with 750 and 1000 watt lamps, blower cooled. Three lenses give brilliant images on six to thirteen foot wide screens at 30 to 100 feet working distances. All in top mechanical condition and fine appearance. Current new price is \$432.00. Sacrifice for \$250.00 cash. O. E. Hopfer, 3124 East 14th St., Oakland. Telephone ANdover 1-7811.

PUBLIC ADDRESS SYSTEM in store-new condition, never used. Much of equipment still in original containers. System consists of 80 watt Webster Amplifier, two Shure No. 55 Unidyne Impedance Microphones, two microphone desk stands, floor stand with extension arm, two 15" Jensen Speakers in fabricoid-covered two-compartment case with all necessary wiring. Chest microphone included. Cash price \$250.00. O. E. Hopfer, 3124 East 14th St., Oakland. Telephone ANdover 1-7811.

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Lifts depression...as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety...rapidly and safely

Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient – they often aggravate anxiety and tension.

And although amphetamine-barbiturate combinations may counteract excessive stimulation—they often deepen depression.

In contrast to such "seesaw" effects, Deprol's smooth, balanced action lifts depression as it calms anxiety — both at the same time.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

Acts swiftly – the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly —often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

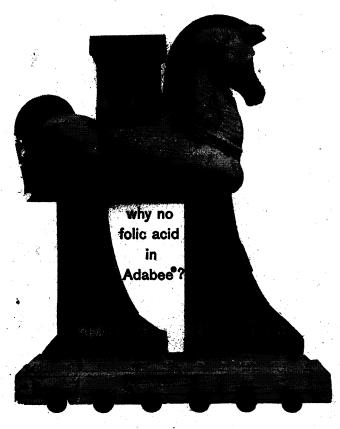
Acts safely - no danger of liver damage.

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function—frequently reported with other anti-depressant drugs.

'Deprol'



'commehensive" multivitamins—friend or foe?



Although not itself harmful, the small amounts of folic acid in "comprehensive" multivitamins can correct significant blood disorders to confuse the diagnosis and delay the treatment of pernicious anemia victims. 1-13 Peripheral blood and bone marrow data may appear normal 1 in such patients while accompanying nerve degeneration continues. Diagnosis delayed by normal appearing indices can thus allow irreparable neurologic damage to occur before the true nature of the disease is recognized and treatment begun. 4

To help physicians avoid this threat, Robins has formulated Adabee[®], a new therapeutic multivitamin without folic acid, that is especially safe for long-term nutritional therapy in patients who require maximum support.

why no vitamin B₁₂ in Adabee^e?

In order to obtain therapeutic levels of specific vitamins for certain individual deficiencies, doctors must often employ a "comprehensive" multivitamin.^{4,7} Many such elongated formulas include as ingredients substances which are nonessential, expensive to the patient, and irrational.^{4,7,10}

On the basis that B₁₂ in therapeutic vitamin mixtures has been described as needless by the A. M. A.,² and its unnecessary^{8,10,14,18} and indiscriminate use¹ has been criticized by astute hematologists,⁷ remists,¹⁰ pathologists,^{12,13} and nutritional workers,² this member the B-complex has also been omitted from Adabee.

In a rational formula,^{2,4,16,17} the need for hormones, enzymes, amino acids, or yeast is not supported. And since these superfluous substances might encumber the desired response to concurrently administered drugs, they are not found in the Adabee formulas.

Each yellow, capsule-shaped Adabee® tablet contains:

Vitamin A 25,000 U	SP units
Vitamin D 1,000 U	SP units
Thiamine mononitrate (B ₁)	15 mg.
Riboflavin (B ₂)	10 mg.
Pyridoxine HCl (B ₆)	5 mg.
Nicotinamide (niacinamide)	50 mg.
Calcium pantothenate	10 mg.
Ascorbic acid (vitamin C)	250 mg.

Each green, capsule-shaped Adabee®-M tablet contains Adabee, plus nine minerals:

Iron	15.0 mg.
Iodine	0.15 mg.
Copper	1.0 mg.
Manganese	1.0 mg.
Magnesium	
Zinc	1.5 mg.
Potassium	5.0 mg.
Calcium	103.0 mg.
Phosphorus	•

references:

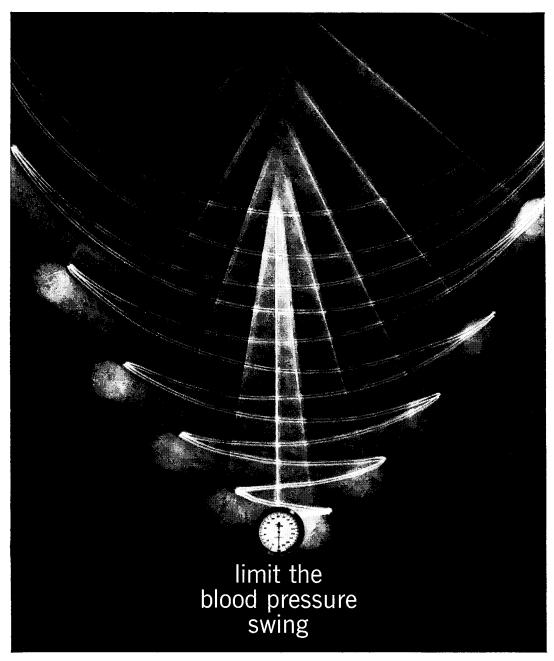
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Rautrax-N lowers high blood pressure gently, gradually... protects against sharp fluctuations in the normal pressure swing. Rautrax-N combines Raudixin, the cornerstone of antihypertensive therapy, with Naturetin, the new, safer diuretic-antihypertensive agent. The complementary action of the components permits a lower dose of each thus reducing the incidence of side effects. The result: Maximum effectiveness, minimal dosage, enhanced safety. Rautrax-N also contains potassium chloride — for added protection against possible potassium depletion during maintenance therapy.

Supply: Rautrax-N — capsule-shaped tablets — 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride. Rautrax-N Modified — capsule-shaped tablets — 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride. For complete information write Squibb, 745 Fifth Avenue, New York 22, N. Y.

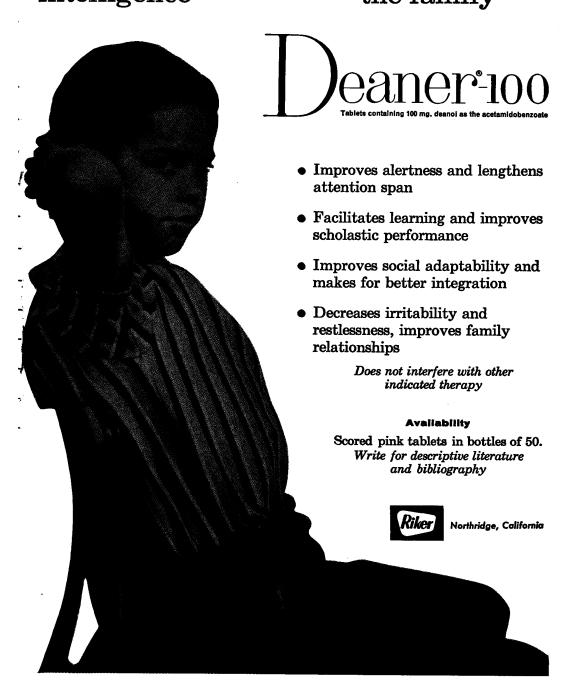


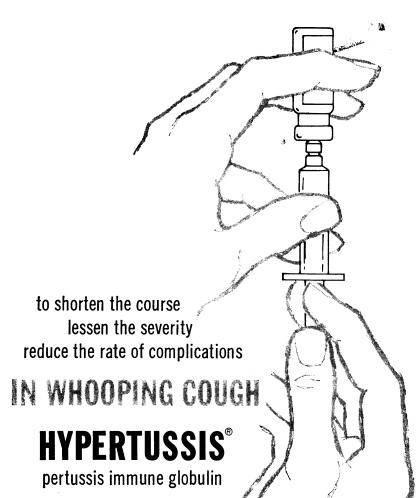
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In the school-age child...

when learning lags behind and intelligence

behavior problems
disturb
the family





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Polio IMMUNE GLOBULIN gamma globulin

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